REFERRAL REQUEST FORM

PHONE: 1.905.212.9482 WEB: WWW.OCCEYECARE.CA
FAX: 1.905.212.1012

DR. FAREED ALI, MD, FRCSC
Ophthalmology, Practicing in Retinal Diseases and Laser Refractive Surgery

DR. NARENDRA ARMOGAN, MD, FRCSC
Ophthalmology, Practicing in Retinal Diseases, Vitreoretinal Surgery, and Cataract & Refractive Surgery

DR. DAN DEANGELIS, MD, FRCSC
Ophthalmology, Practicing in Ophthalmic Plastic and Reconstructive Surgery

DR. DAVID YAN, MD, FRCSC
Ophthalmology, Practicing in Glaucoma and Cataract Surgery

& ASSOCIATES

Please select a location for this referral:

☐ **Mississauga Location**
Please Fax to: 905.212.1012
Phone: 905-212-9482
Address: 1880 Sismet Road,
Mississauga, L4W 1W9

☐ **Vaughan Location**
Please Fax to: 905.482.1827
Phone: 905-212-9482
Address: 2630 Rutherford Rd #105,
Vaughan, ON L4K 0H2

Thank you for your referral. All referrals will be arranged within 2 working days. If you have not been notified of a consultation date by that time, please phone our office directly or email us using the "Contact Us" button on occeyecare.ca. **Please ensure *all* information is legibly filled out below.**

Patient Surname: **First Name:**

MANDATORY: Please provide either the Patient Email or Mobile Number for contact via text message or email.

Patient Email: **Mobile #:**

Patient Address: **City:** **Postal Code:**

Patient DOB: DD/MM/YYYY **Health Card # & Version Code:**

Referring Doctor: **6 Digit Physician #:**

Referring Doctor Phone: **Fax:**

Referring Doctor Email:

Consult request for: ☐ **Dr. Fareed Ali** ☐ **Dr. Narendra Armogan** ☐ **Dr. David Yan** ☐ **Any Doctor**
☐ **Dr. Dan DeAngelis** ☐ **Dr. Alan Kosaric** ☐ **Dr. Kwesi McGuire**
☐ **Other**_____

Reason for referral:

☐ **RETINAL DISEASE:**	☐ Diabetes	☐ ARMD	☐ Retina Tear	☐ PVD	☐ Uveitis
☐ **GLAUCOMA:**	☐ High IOP	☐ Field Loss	☐ Disc Cupping	☐ Narrow angles	
☐ **CATARACT:**	☐ Right Eye	☐ Left Eye	☐ Laser Cataract (FEMTO)		
☐ **PLASTICS:**	☐ Eyelid	☐ Orbit	☐ Tear Duct	☐ Cosmetic	
☐ **REFRACTIVE:**	☐ LASIK/PRK	☐ ICL	☐ CLE	☐ Artificial Iris	
☐ **CORNEA:**	☐ Pterygium	☐ Scleral Lens	☐ Other		
☐ **OTHER:**					

PRIORITY SCALE PLEASE CIRCLE ONE (1 = ROUTINE > 10 = URGENT) **1 2 3 4 5 6 7 8 9 10**

EYE EXAMINATION	OD	OS
Best Corrected VA		
Refraction		
IOP		

Clinical History:

Please advise your patient to bring the following with them to their OCC appointment: OHIP Card, list of **current medications** &/or **eye drops,** most recent set of **glasses,** a responsible **driver** because their eyes may be dilated, and an **English translator**, if required.

OCC Office Use Only

Consultation Date & Time:_____

PATIENT APPOINTMENT INFORMATION

A consultation appointment has been requested for you at OCC Eyecare.
Our office will contact you with your appointment details once they have been confirmed.

Note that testing and follow up may be done at separate appointments.
Please be advised that your entire visit at OCC Eyecare may take 2-3 hours.

A

Box A

Appointment #1: Date: _____ **Time:** _____

Appointment #2: Date: _____ **Time:** _____

B

Box B

Your appointment has been scheduled with:

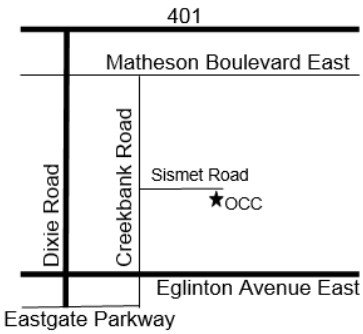
- ☐ Dr. Fareed Ali
- ☐ Dr. Dan DeAngelis
- ☐ Dr. Kwesi McGuire
- ☐ Dr. Narendra Armogan
- ☐ Dr. Alan Kosaric
- ☐ _____
- ☐ Dr. David Yan

C

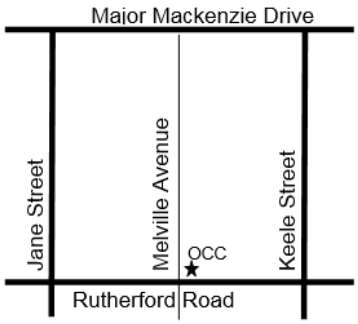
Box C

Your appointment is scheduled at the following OCC location:

☐ **Mississauga Main Office**
1880 Sismet Road
Mississauga, Ontario
Phone: +1.905.212.9482
Fax: +1.905.212.1012



☐ **Vaughan Office**
2630 Rutherford Road Unit 105
Vaughan, Ontario
Phone: +1.905.212.9482
Fax: +1. 905.482.1827



Please bring the following with you to your appointment:

- Ontario Health Card
- List of current medications and/or eye drops
- Most recent set of glasses
- A responsible driver because your eyes may be dilated at the appointment
- English Translator, if necessary

If you cannot attend the above appointment, please **contact OCC Eyecare directly by email**, at info@occeyecare.ca, or **phone**, at +1.905.212.9482, with a minimum of **48 hours' notice**.

For a full list of our office policies concerning your appointment, please visit www.occeyecare.ca or email info@occeyecare.ca for questions related to your appointments.