

## REFERRAL FORM

(clinics are permitted to use their own form)

Preferred Location:     Abbotsford     Maple Ridge     Surrey     Coquitlam

Preferred Doctor:  Dr. Chu     Dr. King     Dr. Moosbrugger     Dr. Payne     Other \_\_\_\_\_

Date (mm/dd/yr): \_\_\_\_\_ Referring Doctor & MSP#: \_\_\_\_\_

Referring Office Location: \_\_\_\_\_

### PATIENT INFORMATION

Name: \_\_\_\_\_ DOB (mm/dd/yr): \_\_\_\_\_

PHN#: \_\_\_\_\_ Address: \_\_\_\_\_

Home/Cell Tel #: \_\_\_\_\_ Work/Alternative Tel: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

History & Examination: \_\_\_\_\_

**Please indicate request(s) if appropriate:**

- Cataract Evaluation (urgent/non-urgent)
- LASIK/PRK Evaluation
- Intraocular Collamer Lenses (ICLs)
- Refractive Lens Exchange (RLE) Evaluation
- Routine Evaluation
- Corneal Cross Linking
- Humphrey Visual Field (HVF)
- Optical Coherence Tomography (OCT)
- Other (urgent/non-urgent) \_\_\_\_\_

**Cornea:**

- Pterygium/Pinguecula
- Recurrent Erosion/Dystrophy
- Dry Eye

**Laser:**

- SLT
- YAG LPI
- YAG Capsulotomy
- Retinal Laser Photocoagulation

**Retina:**

- Diabetes
- Age-Related Macular Degeneration
- Vein Occlusions

**Neuro-Ophthalmology:**

- Botox for Blepharospasm
- Botox for Hemifacial Spasm

**Glaucoma:**

- Evaluation
- iStent

**Oculo-Plastics:**

- Entropion/ Ectropion
- Brow Lift/ Blepharoplasty
- Ptosis Repair
- Blocked Tear Duct
- Eyelid Lesion
- Chalazion
- Special Requests: \_\_\_\_\_