NORTH TORONTO EYE CARE

Eye Physicians &Surgeons

T. Rabinovitch
Cataract & Refractive Surgery
Cornea & Uveitis

P. Hinton
Treatment of Children

J. Waisberg
Dry Eye Disease
Cosmetic Botox

K. Cao
Cataract Surgery
Minor Plastics

P. Yoganathan
Medical & Surgical Retina

M. Azadeh
Cataract Surgery
Ophthalmology

T. Hess
Eye Lid Surgery
Ophthalmology

N. Pesin
Cataract Surgery
Ophthalmology

V. Lam
Cornea, Uveitis
External Disease
Cataract Surgery

L. Giavedoni
Medical & Surgical Retina

D. Wong
Medical & Surgical Retina

T. Le
Cataract Surgery
Ophthalmology
Treatment of Children

D. Podbielski
Glaucoma and Anterior Segment Surgery

M. Lichter
General Ophthalmology

D. De Angelis
Eye Lid Surgery
Ophthalmology

G.Yau
Medical Retina
Cataract Surgery

TLC Vision Centre

Phone:
(416) 748-2020
Fax:
(416) 748-8582

NORTH TORONTO EYE CARE

www.northtorontoeyecare.com

Referral Form *(Please select location)*

North Toronto Finch 2065 Finch Ave West Suite 400

Central Toronto 2 Champagne Drive Unit C2

North York 7 Elmwood Ave **Midtown Toronto** 1849 Yonge St Suite 705

Thank you for your referral. All referrals will be arranged within 3 working days.
Please complete contact information. Attach patient chart label if possible.
Fax Referral to 416-748-8582 or E-mail to drs@northtorontoeyecare.com

Last Name: ______________ **First Name**: ________________ **Phone numbers:** H: ______________

Address: ____________________________ **Date of Birth:** Y______M____D____ C: ______________

OHIP number: _____________________ **Version Code:** _______ **Pt. E-Mail:** _______________

Language Preference: ◻ Mandarin ◻ Cantonese ◻ Persian ◻ Vietnamese ◻ Italian ◻ Russian ◻ Hebrew

Referring Doctor Name: ☐

Address:

Tel: **Fax:** **Billing #:**

Please circle physician preference on left column OR ◻ No Preference

Urgency: ◻ Same Day ◻ ASAP ◻ Routine ◻ Follow Up **Date of Referral**:

Purpose/ Diagnosis for referral, please check where appropriate:

Glaucoma
- ◻ High IOP's
- ◻ Disc Cupping
- ◻ Field Loss
- ◻ Narrow Angles

***SLT's and LPI's performed on site**

Retina
- ◻ PVD/ Floaters
- ◻ AMD ◻ Wet ◻ Dry
- ◻ Diabetic Retinopathy (Background)
- ◻ Diabetic Retinopathy (CSME/ NV)
- ◻ Choroidal Nevus
- ◻ Retinal Holes/ Tears
- ◻ Retinal Lesion
- ◻ Macular Edema
- ◻ Macular Hole ◻ERM
- ◻ Retinal Detachment

***Retinopexy, Barrier, Focal & PRP lasers performed on site**

Refractive Surgery
- ◻ Lasik/ PRK Consult
  - ◻ Co-Management
- ◻ KAMRA Lens
- ◻ Clear Lens Extraction
- ◻ ICL

Inflam. Disease
- ◻ Conjunctivitis
- ◻ Episcleritis/ Scleritis
- ◻ Uveitis/ Iritis
- ◻ Cellulitis

Cornea
- ◻ Keratoconus
  - ◻X-Linking/ Intacs
- ◻ Keratitis
- ◻ Corneal Ulcer
- ◻ Pterygium

Botox
- ◻ Blepharospasm
- ◻ Hemifacial Spasm
- ◻ Migraine Treatment
- ◻ Hyperhidrosis
- ◻ Cosmetics/ Fillers

Cataracts

Cataract Surgery
- ◻ Ready ◻ Unsure
- ◻ Laser Cataract Surgery
  - ◻TLC Vision Centre
- ◻ Premium Lens Package
- ◻ IOL Master
- ◻ PCO **(needs YAG)** on site

Please indicate:
◻OD ◻OS ◻OU

Oculoplastics
- ◻ Lid Abnormality/ Lesions
- ◻ Chalazion
- ◻ Blepharoplasty
- ◻ Ptosis
- ◻ Entropion/Ectropion
- ◻ Cosmetic Eyelid Procedures

Testing
- ◻ Visual Field
- ◻ Pentacam/ Topography

Please indicate:
◻ OD ◻ OS ◻ OU

Other
- ◻ Tearing/ Blocked Duct
- ◻ Diplopia/ Strabismus
- ◻ Significant Dry Eye
  - ◻ Co-manage Restasis
  - ◻ Tear Film Analysis

Background	OD	OS
Best Corrected VA		
Refraction		
IOP		

Clinical History:

For **EMERGENCIES** please contact 416-748-7116 or 416-748-2020 ext. 0