NORTH TORONTO EYE SURGERY CENTRE

NORTH TORONTO EYE CARE

www.northtorontoeyecare.com

Fax: (416) 748-8582 | **Phone:** (416) 748-2020 | **Email:** drs@northtorontoeyecare.com

☐ **GTA NW (Main Office)** 2065 Finch Ave West, Suite #400 M3N 1W8

☐ **Central GTA (Surgical Center)** 2 Champagne Drive, Unit C2 M3J 2C5

☐ **North York** 7 Elmwood Ave M2N 6R6

Please complete contact and patient information.

URGENCY: ☐ Same Day ☐ ASAP ☐ Routine ☐ Follow Up

PLEASE INFORM PATIENT TO BRING CURRENT LIST OF MEDICATIONS, EYE DROPS &
PLEASE ADVISE PATIENT OF TWO POSSIBLE APPOINTMENTS (PRELIMINARY TESTING & DOCTOR EXAMINATION)

Ocular Physicians & Surgeons

PLEASE CIRCLE:

T. Rabinovitch
Cataract Surgery
Refractive Surgery
Cornea & Uveitis

J. Waisberg
Ophthalmology
Dry Eye Disease
Cosmetic Botox

M. Azadeh
Cataract Surgery
Ophthalmology

N. Pesin
Cataract Surgery
Ophthalmology

T. Hess
Oculoplastics
Cataract Surgery

V. Lam
Uveitis, Cataract & Cornea Surgery

T. Le
Cataract Surgery
Ophthalmology
Paediatric

G. Yau
Medical Retina
Cataract Surgery

NO PREFERENCE

Last Name:	**DOB (Y/M/D):**
First Name:	**Phone #:**
Address:	
OHIP:	**Version Code:**
Referring Doctor: ☐ Dr.	
Address:	**Postal Code:**
Fax:	**Tel:**

GLAUCOMA
- ☐ High IOP
- ☐ Disc Cupping
- ☐ VF Field Loss
- ☐ Narrow Angles
- ☐ SLT/LPI (Performed on site)

RETINA
- ☐ AMD DRY WET
- ☐ Hole/Tear/Detachment
- ☐ ERM
- ☐ Diabetic Retinopathy
- ☐ Macular Edema
- ☐ Choroidal Nevus
- ☐ Retinopexy/Focal/Barrier /PRP Laser (on site)

DRY EYE
- ☐ Tear Film Analysis
- ☐ Lipiflow/IPL
- ☐ Tearing/Blocked Duct

REFRACTIVE SURGERY
- ☐ Lasik/PRK Consult
- ☐ RLE/CLE
- ☐ ICL

CORNEA
- ☐ Keratoconus/CXL
- ☐ Keratitis
- ☐ Corneal Ulcer
- ☐ Pterygium

INFLAMMATORY DISEASE
- ☐ Conjunctivitis
- ☐ Episcleritis/Scleritis
- ☐ Uveitis/Iritis
- ☐ Cellulitis

TESTING
- ☐ Visual Field/OCT
- ☐ MTO
- ☐ Pentacam Topography

OD OS OU

CATARACTS
- ☐ PRIVATE ☐ OHIP
- ☐ Premium Lens
- ☐ TRIFOCAL/EDOF
- ☐ FEMTO Cataract Surgery
- ☐ PCO (laser on site)

OD OS OU

OCULOPLASTICS
- ☐ Chalazion/Lesions/Cyst
- ☐ Blepharoplasty
- ☐ Ocular Rosacea
- ☐ Ptosis
- ☐ Entropion/Ectropion
- ☐ Punctoplasty

BOTOX
- ☐ Blepharospasm
- ☐ Hemifacial Spasm
- ☐ Hyperhidrosis
- ☐ Cosmetic/Fillers

	OD	OS
BCVA		
IOP		
REFRACTION		

Additional Information:

For EMERGENCIES please contact 416-748-7116 or 416-748-2020 ext. 0
Please feel free to fill out a referral form on our website at www.northtorontoeyecare.com
Please direct your patients to our patient education videos available on our website