EYE PHYSICIANS & SURGEONS
PLEASE CIRCLE:

NORTH TORONTO EYE CARE

Dr. Walid Abdelghaffar
Surgical & Medical Retina • Cataract

Dr. Vlad Diaconita
Medical Retina

Dr. Dale Gray
Comprehensive • Glaucoma • Dry Eye

Dr. Seymour Hershenfeld
Comprehensive • Glaucoma

Dr. Tiiu Hess
Oculoplastics • Cataract

Dr. Thomas Klein
Glaucoma • Cataract

Dr. Tran Le
Comprehensive • Cataract

Dr. Taylor Lukasik
Surgical Glaucoma • Cataract • RLE

Dr. Farah Moti
Comprehensive Ophthalmology

Dr. Austin Pereira
Medical Retina • Uveitis • Cataract

Dr. Theodore Rabinovitch
Cataract/RLE • LASIK/PRK

Dr. Jas Takhar
Glaucoma

Dr. Yelin Yang
Cornea • Cataract

NORTH TORONTO EYE CARE
our focus ... your vision

NORTH TORONTO EYE SURGERY CENTRE

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

PLEASE INFORM PATIENT TO BRING CURRENT LIST OF MEDICATIONS, EYE DROPS & RX GLASSES

PLEASE ADVISE PATIENT OF TWO POSSIBLE APPOINTMENTS (PRELIMINARY TESTING & DOCTOR EXAM)

Last Name: **First Name:**

Male/Female: **DOB (Y/M/D):** **Cell #:** **Home #:**

Address: **Email:**

OHIP #: **Version Code:** **Alternate Contact:**

Reminder Preference: ☐ Email ☐ Text ☐ Voice call

Referring Doctor: **Dr.** **OHIP Billing #:**

Address: **Postal Code:**

Email: **Fax:** **Tel:**

GLAUCOMA
- ☐ High IOP
- ☐ Disc Cupping
- ☐ VF Field Loss
- ☐ Narrow Angles
- ☐ Other: _____

RETINA
- ☐ AMD DRY WET
- ☐ Hole/Tear/Detachment
- ☐ PVD/Floaters
- ☐ Retinal Lesion
- ☐ Diabetic Retinopathy
- ☐ Macular Edema
- ☐ Vein Occlusion
- ☐ Choroidal Nevus
- ☐ ERM
- ☐ Other: _____

REFRACTIVE SURGERY
- ☐ Lasik/PRK Consult
- ☐ Refractive Lens Exchange
- ☐ Keratoconus/CXL
- ☐ KScar / Edema / Other

CORNEA
- ☐ Corneal Ulcer
- ☐ Pterygium
- ☐ Red Eye
- ☐ Episcleritis/Scleritis

INFLAMMATORY
- ☐ Uveitis/Iritis
- ☐ Other: _____
- ☐ Visual Field/OCT/OPTOS
- ☐ MTO

CATARACTS
- ☐ OHIP Based Surgery
- ☐ Premium IOL Selection
- ☐ Refractive Cataract Surgery
- ☐ PCO
- ☐ OD OS OU

OCULOPLASTICS
- ☐ Chalazion/Lesion/Cyst/Lump
- ☐ Blepharoplasty
- ☐ Tearing
- ☐ Entropion/Ectropion/Ptosis

BOTOX / NEURO
- ☐ Blepharospasm
- ☐ Cosmetic/Fillers
- ☐ Optic Nerve / Diplopia

DRY EYE
- ☐ Dry Eye Analysis/Treatment
- ☐ LipiFlow / IPL

TESTING
- ☐ Pentacam Topography
- ☐ OD OS OU

BCVA	OD	OS
REFRACTION IOP		

Additional Information:

PLEASE CIRCLE: LOCATION PREFERENCE

No Preference

Soonest Appointment

Finch
2065 Finch Ave. W.
Suite 400
Toronto, ON M3N 2V7
Tel: (416) 748-2020
Fax: (416) 748-8582

Champagne
2 Champagne Dr
Unit C2
Toronto, ON M3J 2C5
Tel: (416) 792-3043
Fax: (416) 792-8705

Elmwood
7 Elmwood Ave.
Toronto, ON M2N 6R6
Tel: (647) 351-4393
Fax: (416) 748-8582