NORTH TORONTO EYE SURGERY CENTRE

NORTH TORONTO EYE CARE

prism EYE INSTITUTE

2 Champagne Drive, Unit C2
Toronto, ON, M3J 2C5
Tel: (416) 792-3043
Fax: (416) 748-8582

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

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

7700 Hurontario St., Suite 605
Brampton, ON, L6Y 4M3
Tel: (905) 456-3937
Fax: (905) 459-5085

2201 Bristol Circle, Suite 100
Oakville, ON, L6H 0J8
Tel: (905) 456-3937
Fax: (905) 459-5085

NORTH TORONTO EYE CARE

T. Hess
Cataract
Oculoplastics
Comprehensive

S. Hershenfeld
Comprehensive

T. Le
Cataract
Comprehensive
Pediatric

T. Rabinovitch
Cataract
Refractive (LASIK)
Cornea

G. Yau
Cataract
Retina

T. Klein
Cataract
Glaucoma

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I. Ahmed
Cataract
Glaucoma
Complex Anterior Segment

V. Diaconita
Retina

M. Khan
Cataract
Oculoplastics
Comprehensive

T. Klein
Cataract
Glaucoma

M. Mills
Retina

N. Noordeh
Cataract
Cornea
Comprehensive

Amandeep Rai
Cataract
Comprehensive

E. Rastikerdar
Comprehensive

M. Roy
Comprehensive
Uveitis

M. Schlenker
Glaucoma
Complex Anterior Segment

R. Sharma
Cataract
Neuro-ophthalmology

J. Teichman
Cataract
Cornea

D. Varma
Cataract
Glaucoma
Complex Anterior Segment

Amrit Rai
Cataract
Comprehensive

G. Yau
Cataract
Retina

CONSULTATION REQUEST FORM

Referring Doctor: _____ OHIP Billing #: _____

Address: _____

Email: _____ Office Phone: _____ Fax: _____

Patient Name: _____ DOB (Y-M-D): _____

Health Card #: _____ Version Code: _____

Address: _____

Email: _____ Home Phone: _____

Mobile Phone: _____ Alternate Phone: _____

Contact Preference: ☐ Email ☐ Phone

☐ Male ☐ Female ☐ Prefer Not to Say ☐ Other:

URGENCY:
☐ Non-Urgent
☐ Urgent (Desired Timeline _____)

If you prefer a specific doctor, please circle their name on the left.
For location preferences, please circle location above.
*2 Champagne Dr. location is only for Refractive Cataract and Cosmetic Surgery.
*Email required for patient or family member of patient

LOCATION: ☐ Any site

REASON FOR REFERRAL (please check/circle where applicable):

LASIK / REFRACTIVE LENS EXCHANGE
☐ Book pre-assessment

CATARACT
☐ OHIP Only
☐ Enhanced Testing and Aspheric IOL
☐ Refractive Cataract Surgery
☐ Femtosecond Laser Assisted Surgery

DRY EYE
☐ Interventional dry eye program
☐ Lipiflow/IPL

PERIORBITAL COSMETIC SURGERY / REJUVENATION
☐ Upper lid blepharoplasty
☐ OHIP
☐ NonOHIP
☐ Brow ptosis
☐ Fillers/BOTOX
☐ Lower lid blepharoplasty

PLASTICS
☐ Ptosis
☐ Lid lesion/Chalazion
☐ Entropion/Ectropion
☐ Blocked Tear Duct

ANT SEGMENT	Pterygium ☐	PCO ☐	Keratoconus ☐	Other Cornea ☐
GLAUCOMA	Narrow angles ☐	High IOP ☐	Disc cupping ☐	Field loss ☐
RETINA	Flashes/Floaters ☐	Diabetes (screen/NPDR) ☐	Diabetes (PDR/DME) ☐	ARMD (Dry/Wet) ☐
	Retinal tear/detachment ☐	CME ☐	Vein Occlusion ☐	Hole ☐

OTHER

EYE EXAM	OD	OS
BCVA		
Refraction		
IOP		

Additional Information: