



MISSISSAUGA RETINA INSTITUTE

1420 Burnhamthorpe Rd., E, Suite 415
Mississauga ON L4X 2Z9
Tel: 905.232.7722 Fax: 905.232.0674
retina.mri@gmail.com

RETINA CONSULTATION:

☐

DR. MARK MANDELL

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DR. KEYVAN KOUSHAN

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URGENT (1-3 DAYS)

☐

SEMI-URGENT (1-3 WEEKS)

☐

ELECTIVE (1-2 MONTHS)

☐

DRY AMD

☐

WET AMD

☐

MACULAR ASSESSMENT

☐

DIABETIC SCREENING

☐

BRVO / CRVO

☐

ERM / VMT / MACULAR HOLE

☐

FLASHES / FLOATERS / HOLE / TEAR

☐

OTHER

COMMENTS:

Referring Doctor: _____ Billing #: _____

Office Tel: _____ Office Fax: _____

Comments: _____

Family Physician: _____ Tel or Fax: _____

Patient Name: _____

Home Telephone #: _____ Alt. Phone #: _____

Address: _____

Healthcard #: _____ D.O.B. (m/d/y) _____

Consultation Appointment: _____ Time: _____ AM / PM

Please inform your patient to allow 1- 2 hours for the consultation visit. Drops will be used that will cause light sensitivity and blur their vision. Sunglasses are advisable. Please ask the patient to bring a list of their medications including eye drops