



REFERRAL REQUEST FORM

 PHONE: 1.905.212.9482
 FAX: 1.905.212.1012

 WEB: WWW.OCCYEYECARE.CA
 EMAIL: INFO@OCCYEYECARE.CA

 DR. FAREED ALI, MD, DABO, FRCSC(C)
 Ophthalmology, Practicing in Retinal Diseases
 and Laser Refractive Surgery

 DR. NARENDRA ARMOGAN, MD, FRCSC(C)
 Ophthalmology, Practicing in Retinal Diseases,
 Vitreoretinal Surgery, and Cataract & Refractive Surgery

 DR. DAN DEANGELIS, MD, FRCSC(C)
 Ophthalmology, Practicing in Ophthalmic
 Plastic and Reconstructive Surgery

 DR. DAVID YAN, MD, FRCSC(C)
 Ophthalmology, Practicing in Glaucoma
 and Cataract Surgery

& ASSOCIATES

Thank you for your referral. All referrals will be arranged within 2 working days. If you have not been notified of a consultation date by that time, please phone our office directly. Please ensure all information is legibly filled out below.

Patient Surname: _____ First Name: _____

Patient Email: _____ Phone #: _____

Patient Address: _____ City: _____ Postal Code: _____

Patient DOB: _____ Health Card # & Version Code: _____

Referring Doctor: _____ 6 Digit Physician #: _____

Referring Doctor Phone: _____ Fax: _____

 Referring Doctor Email: _____ OCC Location: ☐ Mississauga ☐ Burlington ☐ Vaughan

 Consult request for: ☐ Dr. Fareed Ali ☐ Dr. Narendra Armogan ☐ Dr. David Yan ☐ Any Doctor
☐ Dr. Dan DeAngelis ☐ Dr. Alan Kosaric ☐
☐ Other _____

Reason for referral:

<input type="checkbox"/> RETINAL DISEASE:	<input type="checkbox"/> Diabetes	<input type="checkbox"/> ARMD	<input type="checkbox"/> Retina Tear	<input type="checkbox"/> PVD	<input type="checkbox"/> Uveitis
<input type="checkbox"/> GLAUCOMA:	<input type="checkbox"/> High IOP	<input type="checkbox"/> Field Loss	<input type="checkbox"/> Disc Cupping	<input type="checkbox"/> Narrow angles	
<input type="checkbox"/> CATARACT:	<input type="checkbox"/> Right Eye	<input type="checkbox"/> Left Eye	<input type="checkbox"/> Laser Cataract (FEMTO)		
<input type="checkbox"/> PLASTICS:	<input type="checkbox"/> Eyelid	<input type="checkbox"/> Orbit	<input type="checkbox"/> Tear Duct	<input type="checkbox"/> Cosmetic	
<input type="checkbox"/> REFRACTIVE:	<input type="checkbox"/> LASIK/PRK	<input type="checkbox"/> ICL	<input type="checkbox"/> CLE	<input type="checkbox"/> Artificial Iris	
<input type="checkbox"/> CORNEA:	<input type="checkbox"/> Dystrophy	<input type="checkbox"/> Keratoconus	<input type="checkbox"/> Pterygium	<input type="checkbox"/> Scleral Lens	<input type="checkbox"/> Other
<input type="checkbox"/> OTHER:	_____				

PRIORITY SCALE PLEASE CIRCLE ONE (1 = ROUTINE > 10 = URGENT) 1 2 3 4 5 6 7 8 9 10

EYE EXAMINATION	OD	OS
Best Corrected VA		
Refraction		
IOP		

Clinical History:

*Please give the next page directly to your patient. It provides important information about their OCC appointment and allows them to fill in their appointment dates and times.

*Please advise your patient to bring the following with them to their OCC appointment: OHIP Card, list of current medications &/or eye drops, most recent set of glasses, a responsible driver because their eyes may be dilated, and an English translator, if required.

OCC Office Use Only

Consultation Date & Time: _____



PATIENT APPOINTMENT INFORMATION

A consultation appointment has been requested for you at OCC Eyecare. Our office will contact you with your appointment details once they have been confirmed.

Note that testing and follow up may be done at separate appointments. Please be advised that your entire visit at OCC Eyecare may take 2-3 hours.

Box A

Appointment #1: Date: _____ Time: _____

Appointment #2: Date: _____ Time: _____

Box B

Your appointment has been scheduled with:

☐ Dr. Fareed Ali

☐ Dr. Narendra Armogan

☐ Dr. David Yan

☐ Dr. Dan DeAngelis

☐ Dr. Alan Kosaric

☐ Dr. _____

Box C

Your appointment is scheduled at the following OCC location:

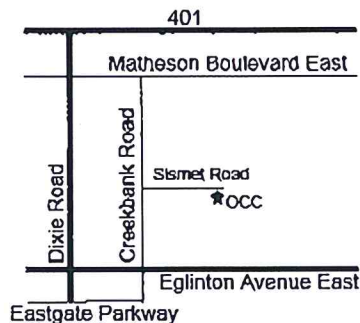
Mississauga Main Office

1880 Sismet Road

Mississauga, Ontario

Phone: +1.905.212.9482

Fax: +1.905.212.1012



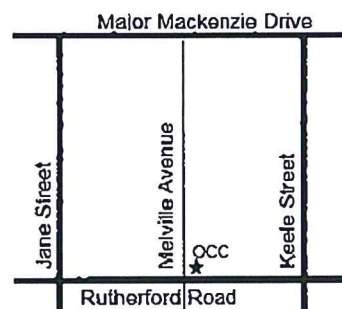
Vaughan Office

Northeast corner of
Melville & Rutherford

Vaughan, Ontario

Phone: +1.905.212.9482

Fax: +1.905.212.1012



Please take the following with you to your appointment:

- Ontario Health Card
- List of current medications and/or eye drops
- Most recent set of glasses
- A responsible driver because your eyes may be dilated at the appointment
- English Translator, if necessary

If you cannot attend the above appointment, please contact OCC Eyecare directly by email, at info@occeyecare.ca, or phone, at +1.905.212.9482, with a minimum of 48 hours' notice.

For a full list of our office policies concerning your appointment, please visit www.occeyecare.ca or email info@occeyecare.ca for questions related to your appointments.