

## REFERRAL FORM

(clinics are permitted to use their own form)

**Preferred Location:**  Abbotsford  Chilliwack  Coquitlam  Surrey  
**Preferred Doctor:**  Dr. Chu  Dr. King  Dr. Payne  Dr. Ekhlasi  Dr. Lee  No preference  
 Other \_\_\_\_\_

**Date (M/D/Y) :** \_\_\_\_\_ **Referring Doctor & MSP#:** \_\_\_\_\_  
**Referring Office Address:** \_\_\_\_\_  
**Tel. / Fax Number:** \_\_\_\_\_  
**Referring Office Email:** \_\_\_\_\_

### PATIENT INFORMATION

Name: \_\_\_\_\_ DOB (M/D/Y): \_\_\_\_\_  
 PHN#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home/Cell Tel #: \_\_\_\_\_ Work/Alternative Tel: \_\_\_\_\_  
 Patient Email Address: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 History & Examination: \_\_\_\_\_

### Please indicate request(s) if appropriate:

- Cataract Evaluation (urgent/non-urgent)
- LASIK/PRK Evaluation
- Intraocular Collamer Lenses (ICLs)
- Refractive Lens Exchange (RLE) Evaluation
- Humphrey Visual Field (HVF)
- Optical Coherence Tomograph (OCT)
- Other (urgent/non-urgent) \_\_\_\_\_

### Oculoplastics:

- Entropion/ Ectropion
- Brow Lift/ Blepharoplasty
- Ptosis Repair
- Blocked Tear Duct
- Eyelid Lesion
- Chalazion
- Special Requests: \_\_\_\_\_
- Skin laser, Botox, Filler

### Cornea:

- Pterygium/Pinguecula
- Recurrent Erosion/Dystrophy
- Dry Eye Dry
- Corneal Cross Linking

### Laser:

- SLT
- YAG LPI
- YAG Capsulotomy or vitreolysis
- Retinal Laser Photocoagulation

### Retina:

- Diabetes
- Age-Related Macular Degeneration
- Vein Occlusions

### Neuro-Ophthalmology:

- Botox for Blepharospasm
- Botox for Hemifacial Spasm
- Botox for Migraines

### Glaucoma:

- Evaluation
- iStent