



Ahmed Al-Ghoul MD FRCSC Dip ABO

Specializing in corneal and cataract surgery

Fax referral form to (403) 253-8608

Patient Name: _____ DOB: _____ AHC: _____

Address: _____ Telephone: _____

Email: _____

Referring doctor (please print): _____ Prac ID: _____

Referring office telephone: _____ Fax: _____

Referring office address: _____

Date of referral: _____

Reason for referral: Please circle OD/ OS/ OU

Cataract Surgery Referral

- Urgent
- Elective

Anterior Segment Referral

- Intraocular Suturing
- Iris Suturing
- Repositioning of dislocated IOL
- Secondary Cataract / YAG Laser
- Other (please indicate in the comments section)

General Ophthalmology Referral

- Please indicate in the comments section

Surgical Cornea Referral

- Corneal Cross Linking (CXL)
- Corneal Transplant
- Pterygium Surgery
- Astigmatic Correction
- Phototherapeutic Keratectomy (PTK)
- Other (please indicate in the comments section)

Medical Corneal Referral

- Corneal Infection / Inflammation
- Dry eyes / Blepharitis / Allergy
- Corneal Dystrophy / Degeneration
- Other (please indicate in the comments section)

Last Seen: _____ IOP: OD _____ OS _____

Refraction: OD _____ OS _____ VA: OD _____ OS _____

Additional Comments:

Referring Office Stamp: