



- Dr. Ahmed Al-Ghoul
- Dr. Vikram Lekhi
- Dr. Richard Leger
- Or First Available

FAX REFERRAL FORM TO (403)-253-8608

Patient Name: _____	DOB: _____	AHC: _____
Address: _____		Telephone: _____
Email: _____		

Reason for Referral: **Urgent** **Routine** **Right** **Left** **Both**

Eye lids / Orbit			
<input type="checkbox"/> Lesion Removal	<input type="checkbox"/> Droopy Lids	<input type="checkbox"/> Botox	<input type="checkbox"/> Blepharospasm
Cornea / Conjunctiva			
<input type="checkbox"/> Keratoconus/CXL	<input type="checkbox"/> Dry Eye	<input type="checkbox"/> Transplant	<input type="checkbox"/> Pterygium
<input type="checkbox"/> Infection	<input type="checkbox"/> Corneal Erosion/Abrasion	<input type="checkbox"/> PTK	<input type="checkbox"/> Other
Cataracts			
<input type="checkbox"/> Yag Laser	<input type="checkbox"/> Cataract Surgery	<input type="checkbox"/> Lens Issue	<input type="checkbox"/> Secondary IOL Repair
Glaucoma			
<input type="checkbox"/> Narrow Angle	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Laser Treatment	
Uveitis/Inflammatory			
<input type="checkbox"/> Anterior	<input type="checkbox"/> Posterior	<input type="checkbox"/> Auto-immune Disease (Rheumatoid, Thyroid, etc)	
Retina Screening			
<input type="checkbox"/> Retinal Tear	<input type="checkbox"/> Retinal Detachment	<input type="checkbox"/> Myopia	<input type="checkbox"/> Other

Screening:			
<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Macular Degeneration	<input type="checkbox"/> Flashes/Floaters
<input type="checkbox"/> Dry Eye	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Nevus Screening	<input type="checkbox"/> Medication (Plaquenil, etc)
<input type="checkbox"/> Tearing	<input type="checkbox"/> Vision Loss	<input type="checkbox"/> Other: _____	

Comments:

Referring Doctor: **Optometrist** **GP** **ER** **Internal Medicine** **Ophthalmologist** **Other** _____

Doctor Name:	Prac ID:
Office Phone :	Office Fax:
Date of Referral:	Clinic Name: