Vaughan
216-2180 Steeles Avenue West
Concord, ON L4K 2Z5

Scarborough
109-2101 Brimley Road
Toronto, ON M1S 2B4

Tel: 416-292-0075 Fax: 416-292-0331 Web: www.uoptical.ca Email: info@uoptical.ca

OPTOMETRIC SPECIAL SERVICE REQUEST FORM

Manveen Bedi, OD FAAO FSLS
Specialty Contact Lens &
Dry Eye Consultant
(Vaughan)

Lisa Tran, OD
General Optometry
Low Vision & Dry Eye Consultant
(All Sites)

Jingtao Qu, OD
General Optometry
Dry Eye Consultant
(All Sites)

Referring Doctor: _____ OHIP Billing #: _____

Email: _____ Office Phone: _____ Fax: _____

Patient Last Name: _____ [ ] male [ ] female

Given Name: _____ DOB (Y-M-D): _____

Health Card #: _____ Version Code: _____

Address: _____

Email: _____Home Phone: _____

Mobile Phone: _____

Please complete all information legibly. Incomplete referral forms will not be processed.

All referrals will be reviewed within 3 business days. Patients will be notified directly of their appointments.

If your patient has not been notified of an appointment within a week, please remind them to contact our office.

Reminder Preference:
[ ] Email [ ] SMS Text [ ] Voice Call

CONSULT WITH: [ ] No preference
[ ] M. Bedi [ ] L. Tran [ ] J. Qu

LOCATION: [ ] Any site
[ ] Vaughan [ ] Scarborough

REASON FOR REFERRAL (please check/circle where applicable):

DRY EYE CLINIC
[ ] Work-up & management
[ ] Co-manage – Meibomian Gland Treatment
[ ] Co-manage – PRP / Autologous Serum
[ ] Specific Treatment : _____

[ ] **SPECIALTY CONTACT LENS**

[ ] **MYOPIA CONTROL**

[ ] **LOW VISION**

DIAGNOSTIC TESTING (please circle all that apply):
[ ] OCT discs / macula
[ ] Visual Field 30-2 / 24-2 / 10-2 / MOT
[ ] Other: _____

remarks/drawing:

EYE EXAM	OD	OS
BCVA		
Refraction		
IOP		

Additional Information:

_____

_____

_____