UPTOWN EYE SPECIALISTS

Brampton 401-7900 Hurontario Street, Brampton, ON L6Y 0P6
Etobicoke 120-135 Queens Plate Drive, Etobicoke ON, M9W 6V1
Vaughan 221-2180 Steeles Avenue West, Concord, ON L4K 2Z5
Scarborough 109-2101 Brimley Road Toronto, ON M1S 2B4

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U EYE LASER COSMETIC

Consultation Request Form

Hannah Chiu, MD FRCSC
Laser Cataract Surgery
Retina – Medical

Dexter Furlonge, MD FRCSC
Strabismus & Pediatric

Sangsu Han, MD FRCSC
Laser Cataract Surgery
Cosmetic Eyelid / Facial Surgery
Comprehensive Ophthalmology

Kay Lam, MD FRCSC
Glaucoma Surgery
Laser Cataract Surgery

Vincent Lam, MD FRCSC
Cornea & Uveitis
Laser Cataract Surgery
Comprehensive Ophthalmology

Tran Le, MD FRCSC
Comprehensive Ophthalmology

Raj Maini, MD FRCSC
Laser Cataract Surgery
Refractive Surgery
Cornea & Anterior Segment
Oculoplastic Surgery

Efrem Mandelcorn, MD FRCSC
Retina – Medical & Surgical

Mark Mandelcorn, MD FRCSC
Retina – Medical & Surgical

Evan Michaelov, MD FRCSC
Laser Cataract Surgery
Glaucoma & Anterior Segment
Comprehensive Ophthalmology

Fariba Nazemi, MD FRCSC
Strabismus & Pediatric
Laser Cataract Surgery

Harrish Nithianandan, MD FRCSC
Retina – Medical
Laser Cataract Surgery
Comprehensive Ophthalmology

Sohel Somani, MD FRCSC
Laser Cataract Surgery
Refractive Surgery
Retina – Medical

Eric S. Tam, MD FRCSC
Laser Cataract Surgery
Refractive Surgery

Lili Tong, MD FRCSC
Laser Cataract Surgery
Comprehensive Ophthalmology

Daniel Weisbrod, MD FRCSC
Retina – Medical

Peng Yan, MD FRCSC
Retina – Medical & Surgical

Darana Yuen, MD FRCSC
Glaucoma Surgery

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: _____ Mobile Phone: _____

Home Phone: _____

Alternate Contact: _____

Reminder Preference:
☐ Email ☐ SMS/Text ☐ Voice Call

Thank you for your referral.

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 directly.

CONSULT WITH:
☐ No preference ☐ S. Han ☐ R. Maini ☐ H. Nithianandan ☐ E. Michaelov
☐ K. Lam ☐ E. Mandelcorn ☐ S. Somani ☐ D. Weisbrod
☐ H. Chiu ☐ V. Lam ☐ M. Mandelcorn ☐ E. Tam ☐ P. Yan
☐ D. Furlonge ☐ T. Le ☐ F. Nazemi ☐ L. Tong ☐ D. Yuen

LOCATION: ☐ Any site
☐ Brampton ☐ Etobicoke ☐ Vaughan ☐ Scarborough

URGENCY:
☐ Routine ☐ ASAP ☐ Urgent (call to confirm)

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

LASER VISION CORRECTION / REFRACTIVE LENS EXCHANGE
(**UltraView LASIK**)
☐ Book complimentary pre-assessment

CATARACT
☐ Standard OHIP only
☐ Astigmatism / Toric IOL
☐ EDOF / Tri-focal IOL
☐ Blended Vision (mini-monovision)
☐ Manual cataract surgery
☐ UltraView ReLACS (Laser assisted cataract surgery)
☐ UltraView Vision (Light Adjustable Lens)

Is your patient currently under active dry eye treatment? ☐ YES ☐ NO

PERIORBITAL COSMETIC SURGERY / REJUVENATION
☐ Upper lid blepharoplasty ☐ Lower lid blepharoplasty ☐ Browpexy ☐ BOTOX
Please indicate on the diagram the areas of interest:

☐ **ANT SEGMENT**	☐ Pterygium	☐ PCO	☐ Keratoconus	☐ Cornea
☐ **GLAUCOMA**	☐ Narrow angles	☐ High IOP	☐ Disc cupping	☐ Field loss
☐ **RETINA**	☐ Retinal breaks	☐ ARMD (dry / wet)	☐ Diabetes	☐ Macula check
☐ **PLASTICS**	☐ Ectropion / Entropion / Ptosis	☐ Chalazion / Cyst / Lump	☐ Tear duct	☐ Orbit / Thyroid
☐ **PEDIATRICS**	☐ Strabismus	☐ Amblyopia	☐ Tearing	

OTHER		
EYE EXAM	**OD**	**OS**
BCVA		
Refraction		
IOP		

remarks/drawing:

Additional Information: