



vista eye centre

Dr. Larissa A. Derzko-Dzulynsky, MD, FRCSC

Dr. Nupura K. Bakshi, MD, FRCSC

Dr. Tiiu Hess, MD, FRCSC

Dr. Hannah Chiu, MD, FRCSC

CONSULTATION REQUEST FORM

(Please fax to 647-689-2276)

Patient Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

DOB: \_\_\_\_\_ YY/MM/DD Health Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_

\*KINDLY PROVIDE THE PATIENT'S EMAIL ADDRESS IF APPLICABLE IN CLEAR WRITING\*

REASON FOR REFERRAL:  Right eye  Left eye

CATARACT  Early cataract  Ready for surgery  PCO (posterior capsule opacification)

GENERAL  Blurred vision  Eye pain discomfort  Flashes & Floaters

ANTERIOR SEGMENT  Cornea  Dry Eye/Blepharitis  Red eye  Iritis

GLAUCOMA  Glaucoma  High IOP  Disc cupping  Narrow angles

RETINA  Diabetes  ARMD (dry/wet)  Retina hole/tear  Vein Occlusion

OCULOPLASTICS  Eyelid lesions  Ptosis/droopy lids  Tearing

OTHER: \_\_\_\_\_

	OD	OS
Best corrected VA		
Refraction		
IOP		
Exam Findings:		

MEDICAL URGENCY:  Routine - Next available  Urgent

REFERRAL TO:  Dr. Larissa Derzko-Dzulynsky  Dr. Nupura Bakshi  Dr. Tiiu Hess  Dr. Hannah Chiu

Referring Doctor: \_\_\_\_\_ OHIP Billing #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Thank you for your referral.

Your office will be notified by fax of your patient's appointment. Please complete all fields above to avoid a delay in bookings. A demographic label is preferred for patient information.

DISCLAIMER: Please note that VISTA Eye Center does not assume the care of the patient until seen by one of our ophthalmologists. If you believe your patient needs to be seen more urgently, please speak with us directly or arrange for your patient to go to the nearest emergency room

vistaeyecentretoronto.com

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St. Joseph's Health Science Centre | Kensington Eye Institute | St. Michael's Hospital