



vista eye centre

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Dr. Hannah Chiu, MD, FRCSC
Dr. Eli Kisilevsky, MD, FRCSC
Dr. Ziad Butty, MD, FRCSC
Dr. Cindy Lam, MD, FRCSC

CONSULTATION REQUEST FORM

(Please fax to 647-689-2276)

Please attach a clear label or type patient demographics.

We are unable to process referrals with handwritten demographics.

Patient Last Name: _____ First Name: _____
Home Telephone #: _____ Office Phone #: _____
Mobile #: _____ Email address: _____
Address: _____
City: _____ Postal Code: _____
DOB: _____ YY/MM/DD Health Card #: _____ Version Code: _____

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: _____

Table with 3 columns: , OD, OS. Rows: 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
[] Dr. Eli Kisilevsky [] Dr. Ziad Butty [] Dr. Cindy Lam

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 the fields above to avoid a delay in bookings.

DISCLAIMER: Please note that Vista Eye Centre 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.

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