Eye Physicians & Surgeons

PLEASE CIRCLE: PHYSICIAN OR NO PREFERENCE

Dr.Theodore Rabinovitch
Cataract Surgery & Refractive
Laisk PRK

Dr. Walid Abdelghaffar
Retina & Cataract

Dr. Seymour Hershenfeld
Comprehensive

Dr. Tiiu Hess
Oculoplastics
Cataract Surgery

Dr. Tran Le
Cataract Surgery
Paediatric

Dr. Vlad Diaconita
Medical Retina

Dr. Dale Gray
Glaucoma
Comprehensive

Dr. Jas Takhar
Glaucoma
Cataract

Dr. Farrah Moti
General
Cataract Surgery

Dr. David E. Lederer
Medical Retina

Dr. Yelin Yang
Cataract Surgery

Specialty OD's

Dr. Sera Kwon
Dry Eye Disease
Cataract Care

No Preference
First Available

NORTH TORONTO EYE CARE
our focus ... your vision

NORTH TORONTO EYE SURGERY CENTRE

wwww.northtorontoeyecare.com
drs@northtorontoeyecare.com

URGENCY: ☐ Same Day ☐ ASAP ☐ Routine ☐ Follow Up

PLEASE INFORM PATIENT TO BRING CURRENT LIST OF MEDICATIONS, EYE DROPS & RX GLASSES
PLEASE ADVISE PATIENT OF TWO POSSIBLE APPOINTMENTS (PRELIMINARY TESTING & DOCTOR EXAMINATION)

Last Name: First Name:
Male/Female: DOB (Y/M/D): Cell #: Home #:
Address: Email:
OHIP #: Version Code: Alternate contact:

Reminder Preference: ☐ Email ☐ Text ☐ Voice call

Referring Doctor: ☐ Dr. OHIP Billing #:
Address: Postal Code:
Email: Fax: Tel:

GLAUCOMA
- ☐ High IOP
- ☐ Disc Cupping
- ☐ VF Field Loss
- ☐ Narrow Angles
- ☐ _____

RETINA
- ☐ AMD DRY WET
- ☐ Hole/Tear/Detachment
- ☐ PVD/Floaters
- ☐ Retinal Lesion
- ☐ Diabetic Retinopathy
- ☐ Macular Edema
- ☐ Vein Occlusion
- ☐ Choroidal Nevus
- ☐ ERM
- ☐ _____

REFRACTIVE SURGERY
- ☐ Lasik/PRK Consult
- ☐ Refractive Lens Exchange

CORNEA
- ☐ Keratoconus/CXL
- ☐ KScar / Edema / Other
- ☐ Corneal Ulcer
- ☐ Pterygium

INFLAMMATORY DISEASE
- ☐ Red Eye
- ☐ Episcleritis/Scleritis
- ☐ Uveitis/Iritis
- ☐ _____

TESTING
- ☐ Visual Field/OCT/OPTOS
- ☐ MTO
- ☐ Pentacam Topography
  OD OS OU

CATARACTS
- ☐ OHIP Based Surgery
- ☐ Premium IOL Selection
- ☐ Refractive Cataract Surgery
- ☐ PCO
- ☐ _____
  OD OS OU

OCULOPLASTICS
- ☐ Chalazion/Lesion/Cyst/Lump
- ☐ Blepharoplasty
  Upper Lower Both
- ☐ Tearing
- ☐ Entropion/Ectropion/Ptosis
- ☐ _____

BOTOX
- ☐ Blepharospasm
- ☐ Cosmetic/Fillers

NEURO
- ☐ Optic Nerve (Drusen, Pallor)
- ☐ Diplopia
- ☐ Cranial Nerve Palsy
- ☐ Thyroid Abnormalities

DRY EYE
- ☐ Dry Eye Analysis/Treatment
- ☐ LIPIFLOW/IPL

*Are you currently managing your patients' dry eye? YES or NO

	OD	OS
BCVA		
REFRACTION		
IOP		

Additional Information:

PLEASE CIRCLE: LOCATION PREFERENCE

2065 Finch Ave. Suite 400
Downsview, Ontario M3N 2V7
Tel: (416) 748-2020
Fax: (416) 7488582

2 Champagne Drive, Unit C2
Toronto, Ontario M3J 2C5
Tel: (416) 792-3043
Fax: (416) 792-8705

7 Elmwood Ave.
Toronto, ON M2N 6R6
Tel: (647) 351-4393
Fax: (416) 748-8582