

Please Fax Referral to **403-255-7764**

Appointment will be booked with the Patient directly and confirmation will be faxed back

Urgent Oncology:

- o Orbit
- o Eyelids
- o Periocular

Cosmetic

- o Botox
- o Endoscopic Brow Lift
- o Blepharoplasty
- o Midface Elevation
- o IPL Photo Facial
- o SkinRejuvenation

Urgent Lid Care Clinic

- o Blepharitis
- o Stye
- o Demodex
- o IPL Dry Eye

Orbit

- o Neoplasm
- o Thyroid Orbitopathy
- o Cellulitis

Cataract Referral

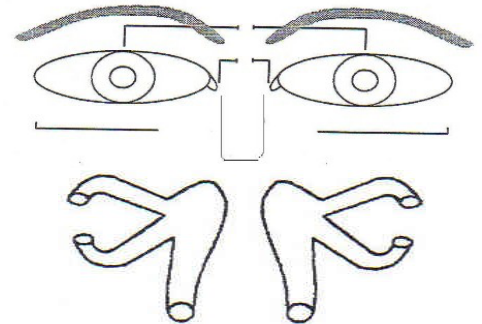
- o Urgent
- o Elective

Eyelid

- o Neoplasm
- o Ptosis
- o Entropion
- o Lesion

Tear Pathway

- o Punctal Stenosis
- o Dacryocystitis
- o Blocked Tear Pathway
 - ❖ Must be confirmed by probing and irrigation OR Dacryocystogram results



Last Seen: _____ IOP: OD _____ OS _____

Refraction OD: _____ VA: _____
OS: _____ VA: _____

Additional Comments: _____

Patient Name: _____ DOB: _____ PHN# _____

Phone: _____ Alternate Phone: _____

Referring Doctor: _____ Referring Office Fax #: _____

Referring Office Phone # _____ Date of Referral: _____

Practitioner ID#: _____ Doctor's Signature: _____

*24 hours' notice is required to change or cancel an appointment or there will be a \$75.00 charge.