

Please fax referral to 403-255-7764

***Now accepting patients within one month**

Glaucoma & Comprehensive Ophthalmology

- Glaucoma
- Glaucoma Suspect
- Narrow Angles
- Ocular Hypertension
- Dry Eyes
- Corneal disease
- Macular Degeneration
- Diabetic Retinopathy
- Plaquenil Screening
- Uveitis
- Other

Cataract

_____	Non-urgent
_____	Semi-urgent
_____	Urgent

Other/Additional Comments:

Last Seen: _____ IOP: _____ OD _____ OS _____

Refraction OD: _____ VA: _____

OS: _____ VA: _____

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.