

AM EYES

Ophthalmology Clinic

Ophthalmologists

Dr. Mei Ling Sze

Dr. Kim Le

Clinic Information

#403-124 Merton St.

Toronto, ON, M4S 2Z2

T: 416-519-7404

F: 416-925-1335

E: clinic@ameyes.ca

PATIENT REFERRAL FORM

Please fax to (416) 925-1335

Referring Doctor (Required): Physician Optometrist

Urgency: Urgent Non-Urgent

Doctor: Any Dr. Mei Ling Sze Dr. Kim Le

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Routine Exam | <input type="checkbox"/> Diabetic Check | <input type="checkbox"/> Cataracts | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Decreased Visual Acuity | <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Dry Eye | <input type="checkbox"/> Diplopia |
| <input type="checkbox"/> Visual Field Issue | <input type="checkbox"/> Eyelid Problems | <input type="checkbox"/> Corneal Problem | |
| <input type="checkbox"/> Retinal Problem | <input type="checkbox"/> Strabismus | <input type="checkbox"/> Other: _____ | |

Details:

Referring Doctor: _____ Doctor Billing Number: _____

Office Phone: _____ Office Fax: _____

Option #1: Affix Patient Label Here



Option #2: Fill Patient Information Below:

Full Name: _____ Male Female Other

DOB (DD/MM/YY) _____ OHIP Number: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Email: _____

Please fax to (416) 925-1335