

KENSINGTON VISION & RESEARCH CENTRE: REFERRAL FORM

REFERRING PHYSICIAN INFORMATION		
REFERRING PHYSICIAN:		REFERRAL DATE:
PHONE #:	FAX #:	BILLING #:
REFERRAL TIME FRAME: <input type="checkbox"/> URGENT <input type="checkbox"/> OTHER (PLEASE SPECIFY):		
PATIENT DEMOGRAPHICS		
REASON FOR REFERRAL		
TYPE OF REFERRAL: (Please note, appointments will only be given once the following information has been received)		
<input type="checkbox"/> COMPREHENSIVE/CATARACT (Recent refraction) <input type="checkbox"/> UVEITIS (All demographics, list of medications, blood work, chest x-ray, consults from other treating Physicians) <input type="checkbox"/> RETINA <input type="checkbox"/> GLAUCOMA (Include copies of previous records - e.g. Visual Fields, OCTs, list of medications, etc.) <input type="checkbox"/> OCULOPLASTICS <input type="checkbox"/> NEURO-OPHTHALMOLOGY		
PLEASE SELECT AN OPHTHALMOLOGIST:		
<input type="checkbox"/> Dr. Jennifer Calafati <input type="checkbox"/> Dr. Alex Kaplan <input type="checkbox"/> Dr. Sherif El-Defrawy <input type="checkbox"/> Dr. Harmeet Gill <input type="checkbox"/> Dr. Peter Kertes	<input type="checkbox"/> Dr. Matthew Schlenker <input type="checkbox"/> Dr. Radha Kohly <input type="checkbox"/> Dr. Rajeev Muni <input type="checkbox"/> Dr. Peng Yan <input type="checkbox"/> Dr. Amandeep Rai	<input type="checkbox"/> Dr. Cindy Lam <input type="checkbox"/> Dr. Jonathan Micieli <input type="checkbox"/> Dr. Panos Christakis <input type="checkbox"/> Dr. Stephanie Low <input type="checkbox"/> NO PREFERENCE
<p>Disclaimer: Please note that KVRC does not assume the care of the patient until they have been seen by one of our doctors. If you believe your patient needs to be seen more urgently, please speak to us directly or arrange for them to go to the nearest emergency room.</p>		