

Steve Arshinoff MD,FRCSC Angela Di Marco OD, FAAO David R.Smith MD, FRCSC Silvia Odorcic MD,FRCSC

Lauren Libenson OD

CONSULTATION REQUEST FORM

Today's Date:		
	Consult with:	
Steve Arshinoff MD, FRCSC Angela Di Marco OD, FAAO	David R. Smith MD, FRCSC Lauren Libenson OD	Silvia Odorcic MD, FRCSC No Preference/First Available
	Urgency:	
Urgent (within 1 week)	Semi-urgent (within 1-3 weeks)	Non-urgent (1 Month+)
	Reason for consult:	
Routine Exam Loss of Vision Headaches Pediatric Diabetic Conjunct Eyelid P	tivitis Dry Eye roblem Pterygium	Glaucoma Flashes/Floaters Refraction
Comments:		
with a qualifying eye condition advise your adult patients of a Referring Doctor:	potential examination fee.	
•	Office Fax:	•
Affix patient label here:]	
Or complete below:		
Patient's Name:	DOB (mm/d	d/yyyy):
Patient Address:		
Patient's Health Card #:	Phone #:_	
Please fa	x referrals to 416-7	745-6724
Consult Appointment Date and T	īme:	