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YORK FINCH EYE ASSOCIATES

Steve A. Arshinoff MD, FRCSC
Silvia Odorcic MD, FRCSC
Angela Di Marco OD, FAAO
Lauren Libenson OD

CONSULTATION REQUEST FORM

Consult with:

☐ Steve A. Arshinoff MD, FRCSC ☐ Silvia Odorcic MD, FRCSC
☐ Angela Di Marco OD, FAAO ☐ Lauren Libenson OD ☐ No Preference/First Available

Urgency:

☐ Urgent (within 1 week) ☐ Semi-urgent (within 1-3 weeks) ☐ Non-urgent (1 Month+)

Reason for Consult:

☐ Routine Exam ☐ Diabetic Check ☐ Cataracts ☐ Glaucoma
☐ Loss of Vision ☐ Conjunctivitis ☐ Dry Eye ☐ Flashes/Floaters
☐ Headaches ☐ Eyelid Problem ☐ Pterygium ☐ Refraction
☐ Pediatric ☐ Strabismus ☐ Other:_____

Comments:

***** Please note: OHIP does not providing funding for Adult Eye Exams. Only adult patients with a qualifying eye condition or medical condition determined by the MOH will be covered. Please advise your adult patients of a potential examination fee.***

Referring Doctor: _____ **Provider #:** _____
Office Phone: _____ **Office Fax:** _____

Affix patient label here: [ ]

Or complete below:

Patient's Name:_____ DOB (mm/dd/yyyy):_____
Health Card #:_____ Phone #:_____
Address:_____

*****Please fax referrals to 416-745-6724 or email to reception@yorkfincheye.ca*****

Consult Appointment Date and Time: