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YORK FINCH EYE ASSOCIATES

Leaders in Ophthalmology Since 1971

Steve Arshinoff MD,FRCSC
Angela Di Marco OD, FAAO
Lauren Libenson OD

CONSULTATION REQUEST FORM

DATE:_____

Consult with:

☐ Steve Arshinoff MD, FRSCS ☐ 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:

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

Comments:

***** Please note:* OHIP does not fund Adult Eye Exams except for those suffering from a qualifying eye condition or medical condition determined by the MOH. Additionally, changes have been made to the frequency of Senior Eye Exam coverage. Please advise your patients of a potential examination fee.***

Referring Doctor:_____ **Physician Billing #_____**

Office Telephone:_____ **Office Fax:_____**

Affix patient label here: [ ]

Or complete below:

Patient's Name: _____ DOB(mm/dd/yyyy):_____

Patient's Health Card #: _____Phone #:_____

*****Please fax referrals to 416-745-6724*****

Consult Appointment Date and Time: