



Optometrist to Optometrist Referral

Patient Information

Referral Date D D | M M | Y Y
 Patient Name L A S T | F I R S T
 AHC Number
 Date of Birth D D | M M | Y Y
 Email
 Cell Phone

Referred By

Optometrist Name L A S T | F I R S T
 Practice Name
 Phone
 Fax
 Email
 Comments

Please send additional pads

Service Requested *(tick box)*

- Auto-fluorescence retinal photos
- Retinal OCT Testing
- Anterior Eye OCT Testing
- Corneal Topography
- Corneal Pachymetry
- Visual Field Testing (Glaucoma Testing).
- Esterman Driving Visual Field Testing
- Bailey Lovie Contrast Sensitivity Testing
- Scleral Lens Fitting
- Orthokeratology Fitting (Myopia Control)
- Dry Eye Meibography Testing
- Dry Eye Tear Osmolarity Testing
- Blephex Dry Eye Treatment

- Lipiflow Dry Eye Treatment
Please fax us back DEQ-5 Dry Eye Questionnaire for Co-Management.
Day 30 follow-up at your clinic.
- I-Lux Dry Eye Treatment
Please fax us back DEQ-5 Dry Eye Questionnaire for Co-Management.
Day 30 follow-up at your clinic.
- Intense Regulated Pulse Light (IRPL) Dry Eye Treatment
Treatments at Day 0, Day 15 and Day 45. Please fax us back
DEQ-5 Dry Eye Questionnaire for Co-Management.
Day 75 follow-up at your clinic.

Please note not all services are covered by Alberta Health Care. Payment may be required.