



Oakville
438 Iroquois Shore Rd.
Oakville, ON L6H 0X7

Brampton
Ste. 236-284 Queen St. E.
Brampton, ON L6V 1C2

Tel: 905-822-2020
Fax: 905-822-3030
E: referral@voakhealth.com

Ophthalmology Consultation

Referral Date _____ Patient Name _____
YY/MM/DD

Tel. Home _____ Other _____

Email _____

Address _____ Unit# _____

City _____ Province _____ Postal Code _____

DOB _____ Healthcard # _____ Version Code _____
YY/MM/DD

- Reason for Referral: Left Eye Right Eye
- Retinal Disease Dry Eyes Oculoplastics Cataract
- Cornea General Other

	OD	OS
Best Corrected VA		
Refraction		
IOP		
CCT		

Comments _____

Referring Dr. Name _____ Provider # _____

Tel _____ Fax Back# _____

Please inform your patient to allow 1-2 hours for visits. Sunglasses are advisable.

Patients may have eye drops instilled that may cause vision to blur and be sensitive to light.

Please Fax to
905-822-3030

This Area for Office Use Only