Mitchell Eye Centre

Your eyes. **Our focus.**

Suites 210 & 220, 5504 Macleod Trail SW
Calgary, AB T2H 0J5
Phone: 403-258-1773 • www.mitchelleyecentre.com

☐ **Dr. Robert Mitchell**
Dry Eye
General
Cataract
Refractive

☐ **Dr. Patrick Mitchell**
Retina Medical and Surgical
Cataract

☐ **Dr. Brett Poulis**
General
Uveitis

☐ **Dr. Jason Wesolosky**
General

☐ **Dr. Michael Ashenhurst**
Cosmetic Eyelid Surgery
Eyelid
Orbital
Lacrimal

☐ **Any Provider**

Patient Information

Name: _____ **DOB:** _____ ☐ **M** ☐ **F**

Address: _____

Phone: _____ **Cell:** _____

AHC# _____

Referring Clinic Information

Referring Physician: _____ **Email:** _____

Phone: _____ **Fax:** _____ **Date:** _____

Practice ID# : _____

Urgency of Referral: ☐ Urgent ☐ Within a Week ☐ Within a Month ☐ Elective

This referral is for transfer of care: ☐ Yes or ☐ No

Co-Management of this patient is desired: ☐ Yes or ☐ No

Conditions

- ☐ **ARMD (wet / dry)**
- ☐ **Vein Occlusion**
- ☐ **Diabetic Retinopathy**
- ☐ **Diabetic Maculopathy**
- ☐ **Retinal Tear/Hole**
- ☐ **Epiretinal Membrane**
- ☐ **Macular Hole**
- ☐ **Medical Botox**
- ☐ **Vitreomacular Traction**
- ☐ **Vitreous Detachment**
- ☐ **Retinal Detachment Mac On/Off**
- ☐ **Retinal Lesion**
- ☐ **Nevus**
- ☐ **Cataract**
- ☐ **Cosmetic Botox**
- ☐ **Conjunctiva**
- ☐ **Cornea**
- ☐ **Dry Eye**
- ☐ **Eyelid/Orbit/Graves**
- ☐ **Glaucoma**
- ☐ **Lacrimal / Tearing**
- ☐ **Optic Nerve**
- ☐ **Cosmetic Eyelid**
- ☐ **Pterygium/Lesion/Stye**
- ☐ **Refractive**
- ☐ **Sudden Loss of Vision**
- ☐ **Uveitis**
- ☐ **Other** _____

Visual Acuity: Right: _____ **Left:** _____ **IOP: Right:** _____ **Left:** _____

Refraction: Right: _____ **Left:** _____

Comments

_____

_____

_____

_____

Please fax this form to our office at (403) 258-2704 with any supplement workup/information