



REFERRAL FORM

DATE OF REFERRAL:

Cataract Surgery:

Have the following IOL options been discussed?

Monofocal Toric/Astigmatism Multifocal Extended Range of Vision

OCULOPLASTICS	CORNEA / ANTERIOR SEGMENT	RETINAL DISEASE
<input type="checkbox"/> Chalazion / Cyst <input type="checkbox"/> Suspicious Lid Lesion <input type="checkbox"/> Tearing <input type="checkbox"/> Cosmetic	<input type="checkbox"/> Dry Eye / Keratitis <input type="checkbox"/> Red Eyes / Uveitis <input type="checkbox"/> Pterygium <input type="checkbox"/> Conjunctival Lesion <input type="checkbox"/> Glaucoma / Suspect	<input type="checkbox"/> Diabetes <input type="checkbox"/> AMDDry / Wet <input type="checkbox"/> Vein Occlusion <input type="checkbox"/> Retinal Breaks <input type="checkbox"/> Floaters <input type="checkbox"/> ERM/ Mac Hole

Other / Comments:

EYE EXAMINATION	OD	OS	DIAGRAM OD / OS
Best Corrected VA			
Refraction			
IOP			

ADDITIONAL NOTES

Referring Doctor: _____ Provider #: _____

Phone #: _____ Fax Back #: _____

Dr. Ali Ahadian, CPSO#98745

Call/Text: (905)707-9333 Fax: (289)870-2627

Email: reception@ahadianeye.com