Ahmed Al-Ghoul MD FRCSC Dip ABO

Specializing in corneal and cataract surgery

Fax referral form to **(403) 253-8608**

Patient Name: _____ DOB: _____ AHC: _____

Address: _____ Telephone: _____

Referring doctor (please print): _____ Prac ID: _____

Referring office telephone: _____ Fax: _____

Referring office address: _____

Date of referral: _____

Reason for referral: Please circle OD/ OS/ OU

Cataract Surgery Referral

- ☐ Urgent
- ☐ Elective

Anterior Segment Referral

- ☐ Intraocular Suturing
- ☐ Iris Suturing
- ☐ Repositioning of dislocated IOL
- ☐ Secondary Cataract / YAG Laser
- ☐ Other (please indicate in the comments section)

General Ophthalmology Referral

- ☐ Please indicate in the comments section

Surgical Cornea Referral

- ☐ Corneal Cross Linking (CXL)
- ☐ Corneal Transplant
- ☐ Pterygium Surgery
- ☐ Astigmatic Correction
- ☐ Phototherapeutic Keratectomy (PTK)
- ☐ Other (please indicate in the comments section)

Medical Corneal Referral

- ☐ Corneal Infection / Inflammation
- ☐ Dry eyes / Blepharitis / Allergy
- ☐ Corneal Dystrophy / Degeneration
- ☐ Other (please indicate in the comments section)

Last Seen: _____ IOP: OD _____ OS _____

Refraction: OD _____ OS _____ VA: OD _____ OS _____

Additional Comments:

Referring Office Stamp:

Rockyview Health Centre 2, Suite 110, 1016 -68th Ave SW, Calgary AB T2V 4J2
Phone: (403) 253-5300 Fax (403) 253-8608 www.seemaeye.com