Alberta Health Services

Alberta Children's Hospital
Vision Clinic

2888 Shaganappi Trail NW
Calgary, AB T3B 6A8
Phone: 403-955-7940 Fax: 403-955-7672

Dr. William Astle
Dr. Linda Cooper
Dr. Stephanie Dotchin

Dr. Femida Kherani (Ped Oculoplastics Only):

Required Demographics: Date of Referral: _____

Patient's Name: _____

Address: _____

Phone Number: _____

Birth Date: _____

Alberta Health Care Number: _____

Required Clinical Information:
Chief Concern (please be specific):

Cycloplegic Refraction: OD _____ VA: OD _____

OS _____ VA: OS _____
Please circle: with or without Rx

Were Glasses Prescribed? ____No ____Yes Rx given OD: _____

OS: _____

Other (Motility, Cover Testing, Fundus and Slit Lamp Exam):

Referring Optometrist: _____ PRACID: _____
(please print)

Address: _____

Phone Number: _____ Fax: _____

Appointment information will be faxed back to the referring optometrist to contact the patient. Please do not instruct the patient to contact our office in regards to this referral. Thank you.