Dr. Jonathan Y. Wong MD, FRCSC

Glaucoma and Cataract Specialist, Comprehensive Ophthalmology

#104, 5340 1st Street SW Calgary, AB T2H 0C8

(P) 403-269-5573 (F) 403-269-2136

PATIENT INFORMATION:

Name:_____DOB:_____M/F
Address:_____
Phone:_____Cell:_____Email:_____
Alberta Health Care#_____

REASON FOR REFERRAL:
GLAUCOMA: □ Open Angle □ Closed/Narrow Angle □ Other
CATARACT
COMPREHENSIVE: □ Diabetes □ Dry eye □ Conjunctiva □ Cornea □ Lens □ Retina
OTHER:_____

URGENCY OF REFERRAL: □ URGENT □ Within a Week □ Within a Month □ Elective
(For emergency eye referrals, please contact the ophthalmologist ON CALL)

VISUAL ACUITY:
OD:_____ OS:_____
INTRAOCULAR PRESSURES:
OD:_____ OS:_____
REFRACTION or Last Prescription:
OD:_____ OS:_____

COMMENTS:

REFERRING DOCTOR INFORMATION: (PLEASE PRINT CLEARLY)

NAME:_____PRAC-ID#:_____
ADDRESS:_____
PHONE:_____FAX:_____ DATE:_____

PLEASE fax this form to our office at 403-269-2169 along with any supplemental information that you deem helpful in regards to the patient.