DR. KARIM G. PUNJA, M.D. F.R.C.S.C. A.B.O.
Orbital & Lacrimal Surgery Cosmetic & Reconstructive Eyelid Surgery Cataract Surgery

Please call 255-5561 to schedule an appointment and then fax form to 255-7764.
Referring office is responsible to inform patient of their appointment.

Reason for Referral - Indicate OD / OS / OU

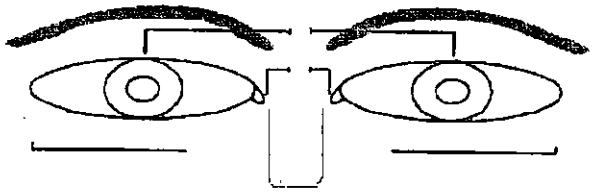
❖ **Cosmetic**
- ☐ Botox
- ☐ Endoscopic Brow Lift
- ☐ Blepharoplasty
- ☐ Midface Elevation

❖ **Cataract Referral**
- ☐ Urgent
- ☐ Elective

❖ **Tear Pathway**
- ☐ Punctal Stenosis
- ☐ Dacryocystitis
- ☐ Blocked Tear Pathway*

*Must be confirmed by probing and irrigation OR Dacryocystogram results

❖ **Eyelid**
- ☐ Neoplasm
- ☐ Ptosis
- ☐ Ectropion
- ☐ Entropion
- ☐ Blepharospasm
- ☐ Lesion



❖ **Orbit**
- ☐ Neoplasm
- ☐ Thyroid Orbitopathy
- ☐ Cellulitis

Last Seen: _____ IOP: OD_____ OS _____

Refraction OD:_____ VA:_____

OS:_____ VA:_____

Additional Comments_____

_____

Patient Name:_____ DOB:_____ AHC#_____

Address:_____ Email: _____

Phone:_____ Alternate Phone: _____

Appointment*: Date:_____ Time:_____

***24 hours notice is required to change or cancel an appointment or there will be a $75.00 charge.**

_____ _____ _____
Referring Doctor (print name) Referring Office Fax # Doctor's Signature

Date of Referral:_____ Practitioner ID #: _____

250, 6707 Elbow Drive SW Calgary, Alberta T2V 0E4 Phone: (403) 255-5561 Fax: (403) 255-7764