DR. CHIRAG R. SHAH, MBBS, DO, MD, FRCSC

Medical Retina | General Ophthalmology | Refractive Surgery

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

Reason for Referral - Indicate OD / OS / OU

❖ **Medical Retina**

- ☐ Diabetic Retinopathy
- ☐ Hypertensive Retinopathy
- ☐ Vascular Occlusions: BRVO/CRVO/CRAO/BRAO
- ☐ Age Related Macular Degeneration: Wet/Dry
- ☐ Retinal Tear
- ☐ Retinal Dystrophy/Retinopathy
- ☐ Maculopathy: Possible Cause _____
- ☐ Uveitis
- ☐ Nevus/Melanoma
- ☐ Glaucoma
- ☐ Others: _____

____ Non-urgent

____ Semi-urgent

____ Urgent

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: 255-5561 Fax: 255-7764