EDMONTON EYE CLINIC Consultation Request Form

Telephone: 780-761-1394
Fax: 780-761-1397
Unit 180, Meadowlark Health & Shopping Centre
8720-156 Street NW
Edmonton, AB. T5R 1W9

□ Dr Mahta Rasouli □ Dr Miral Mehta □ Dr Hermina Strungaru
□ Dr Ashraf Shalaby □ Any of the MDs with earliest appointment

Date: _____
Referring Dr.: _____
Referring Dr. Office: _____
Referring Dr. Phone Number: _____
Referring Dr. Fax Number: _____

For optometrists: Are you interested in Co-Management? YES NO

Patient Name: _____
ULI/PHN #: _____
DOB: _____
Phone: _____
Email: _____
Address: _____

Past Medical History:_____
Current Medications:_____
Allergies: _____

Reason For Referral:

□ Dry eye / ocular irritation / itchiness
□ Decreased visual acuity
□ Diabetic ocular exam
□ Other:
□ Glaucoma
□ Pediatric exam
□ Neuro-ophthalmology

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