LASIK MD VISION

CO-MANAGEMENT FORM

DATE (MTH/DAY/YR) _____

CO-MANAGING DOCTOR INFORMATION

First name: _____ Last name: _____

Telephone: ( ) _____ Fax: ( ) _____

Referring clinic name: _____

Preferred contact: ☐ Phone ☐ Fax ☐ Email for referral confirmations: _____

PATIENT INFORMATION

■ Male ■ Female ■ English ■ French

First and last name: _____ Date of birth (month/day/year): _____

Home telephone: ( ) _____ Alt: ( ) _____ Email address: _____

Address: _____ City: _____

Province / State: _____ Postal / ZIP code: _____

PREFERRED LOCATION

☐ St. John's ☐ Halifax ☐ Moncton ☐ Saguenay ☐ Sainte-Foy ☐ Sherbrooke ☐ Brossard ☐ Montréal ☐ Laval ☐ Pointe-Claire ☐ London
☐ Drummondville ☐ Ottawa ☐ Kingston ☐ Whitby ☐ North York ☐ Vaughan ☐ Toronto ☐ Mississauga ☐ Hamilton ☐ Waterloo ☐ Surrey
☐ Oakville ☐ Winnipeg ☐ Saskatoon ☐ Edmonton ☐ Fort McMurray ☐ Calgary ☐ Vancouver ☐ Nanaimo ☐ Victoria ☐ Lebourgneuf

PREFERRED SURGEON

☐ First available
☐ Surgeon name: _____

The patient does not wish to be contacted by (if applicable):
☐ Email ☐ Phone ☐ Mail

OCULAR AND MEDICAL HISTORY

	OD	OS
UCVA:	20/	20/
MANIFEST:	20/	20/
CYCLO:	20/	20/

	OD	OS
Anterior segment:	☐ Normal ☐ Other:	☐ Normal ☐ Other:
Posterior segment:	☐ Normal ☐ C/D: ☐ Other:	☐ Normal ☐ C/D: ☐ Other:

Dilated:
☐ Yes ☐ No Date: _____

GENERAL NOTES:

BV/Motility:
☐ Normal
☐ Other: _____

	OD	OS
IOP		

I have discussed the following for: ☐OD ☐OS ☐OU

LASER VISION CORRECTION

☐ LASIK ☐ PRK
☐ All-Laser
☐ Presbyopia Sx/Monovision _____
☐ Post-IOL LASIK
☐ Enhancement

KERATOCONUS CONSULT/TREATMENT

☐ CXL ☐ CXL + Topography Guided PRK

Please provide any available topographies, manifest refractions and keratometry.

INTRAOCULAR SURGERY

☐ Refractive lens exchange (RLE)
☐ Refractive cataract surgery
☐ Trifocal lenses
☐ Phakic IOL
☐ YAG Capsulotomy

AIM:

☐ Plano OU ☐ Monovision
Target OD: _____
Target OS: _____

Wears contact lenses: ☐ Yes ☐ No
☐ Soft ☐ RGP/Scleral

DOCTOR'S SIGNATURE

_____

Please fax the completed form toll-free to 1-800-962-1456 • comanagement@lasikmd.com