Mitchell Eye Centre
Your eyes. Our focus.

☐ Dr. Robert Mitchell	☐ Dr. Ryan Yau	☐ Dr. Patrick Mitchell	☐ Dr. Feisal Adatia
General Cataract Refractive	General Cataract Refractive Strabismus (adult/pediatric) Lids & External Disease	Retina Medical and Surgical Cataract General	Retina Medical and Surgical Cataract General

Patient Information

Name: _____ DOB: _____ M/F

Address: _____

Phone: _____ Cell: _____

AHC# _____

Referring Clinic Information

Referring Physician: _____ Email: _____

Phone: _____ Fax: _____ Date: _____

Practice ID# : _____

Urgency of Referral: ☐ Urgent ☐ Within a Week ☐ Within a Month ☐ Elective

This referral is for transfer of care: Yes or No

Co-Management of this patient is desired: Yes or No

Conditions

☐ ARMD (wet / dry)	☐ Macular Hole	☐ Cataract	☐ Optic Nerve
☐ Vein Occlusion	☐ Vitreomacular Traction	☐ Conjunctiva	☐ Pterygium
☐ Diabetic Retinopathy	☐ Vitreous Detachment	☐ Cornea	☐ Refractive
☐ Diabetic Maculopathy	☐ Retinal Detachment Mac On/Off	☐ Dry Eye	☐ Strabismus (adult/children)
☐ Retinal Tear/Hole	☐ Retinal Lesion	☐ Eyelid/Orbit	☐ Sudden Loss of Vision
☐ Epiretinal Membrane	☐ Nevus	☐ Glaucoma	☐ Uveitis
		☐ Lacrimal / Tearing	☐ Other _____

Comments _____

Please fax this form to our office at (403) 258-2704 with any supplement workup/information

Mitchell Eye Centre
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Phone: 403-258-1773 Fax: (403) 258-2704
Located at the Southern Alberta Eye Center
www.mitchelleyecentre.com