

Dr. Robert Mitchell
General
Cataract
Refractive

Dr. Ryan Yau
General
Cataract
Refractive
Strabismus (adult/pediatric)
Lids & External Disease

Dr. Patrick Mitchell
Retina: Medical and Surgical
Cataract
General

Dr. Feisal A. Adatia
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

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

Comments _____

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