



Oakville
438 Iroquois Shore Rd.
Oakville, ON L6H 0X7

Brampton
Ste. 236-284 Queen St. E.
Brampton, ON L6V 1C2

Tel: 905-822-2020
Fax: 905-822-3030
E: referral@carroteye.com

Ophthalmology Consultation

***Please fill in the required information. Failure to do so may result in a delay in process.**

*Referral Date _____ *Patient Name _____
YY/MM/DD

Tel. Home _____ *Mobile # _____

*Email _____

*Address _____ Unit# _____

*City _____ *Province _____ Postal Code _____

*DOB _____ *Healthcard # _____ Version Code _____
YY/MM/DD

- *Reason for Referral: Left Eye Right Eye
- Retinal Disease Dry Eyes Oculoplastics Cataract
- Cornea General Other

| | OD | OS |
|-------------------|----|----|
| Best Corrected VA | | |
| Refraction | | |
| IOP | | |
| CCT | | |

Comments _____

Referring Dr. Name _____ Provider # _____

Tel _____ Fax Back# _____ Email _____

Please inform your patient to allow 1-2 hours for visits. Sunglasses are advisable.

Patients may have eye drops instilled that may cause vision to blur and be sensitive to light.

**Please Fax to
905-822-3030**

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