BENOE
EYE & OCULOPLASTIC SURGEONS

CONSULTATION REQUEST FORM

Thank you for your referral. Please ensure all fields are completed to help us triage your referral in a timely and accurate manner. Please include a copy of the patient's CPP, any relevant lab test(s) and/or imaging reports along with this completed form. All referrals are reviewed within 2-3 business days. Your office will be notified by fax of patient's appointment. **Please fax completed form to: (905) 785-8384.**

REFERRING DR.		OHIP BILLING NUMBER			
ADDRESS		CITY		POSTAL CODE	
OFFICE PHONE		OFFICE FAX			

PATIENT FIRST NAME			PATIENT LAST NAME		
PATIENT ADDRESS				CITY	
PATIENT EMAIL				POSTAL CODE	
HOME PHONE				CELL PHONE	
HEALTH CARD #		VERSION		DOB (MMDDYY)	

CLINICAL ASSESSMENT

NOTE: For ocular emergencies, please page the on-call ophthalmologist or redirect the patient to their nearest ER.

BCVA	**OD**		**REFRACTION**	**OD**	
	OS			**OS**	
IOP	**OD**		**OTHER FINDINGS**		
	OS				

REASON FOR REFERRAL

CATARACT	☐	READY FOR SURGERY		☐	ASTIGMATISM CORRECTION		
ANT SEGMENT	☐	PTERYGIUM	☐ DRY EYE	☐	KERATITIS	☐	UVEITIS
GLAUCOMA	☐	HIGH IOP	☐ FIELD LOSS	☐	DISC CUPPING	☐	NARROW ANGLES
PLASTICS	☐	EYELID	☐ TEARING	☐	ORBIT	☐	COSMETIC
RETINA	☐	DIABETES	☐ ARMD	☐	RETINAL TEAR	☐	PLAQUENIL CHECK
PEDIATRICS	☐	CHALAZION	☐ EYELID	☐	TEARING		
OTHER							
NOTES							

BEOS is committed to maintaining an accessible environment for persons with disabilities in the delivery of its services. Please indicate if there are any special needs that may require accommodation:

☐	MOBILITY	☐	HEARING LOSS
☐	RANGE OF MOTION	☐	COGNITIVE
☐	OTHER		

BENOE EYE & OCULOPLASTIC SURGEONS (BEOS) | 3465 PLATINUM DRIVE, UNIT 85, MISSISSAUGA, ON. L5M 2S1
P: (905) 785-8200 | F: (905) 785-8384 | E: INFO@BEOS.CA | W: BEOS.CA