TORIC

OPTOMETRY & OPTICAL

Referral Form

P: 905-363-1140 | F: 905-369-0605
E: info@toriceye.com | W: toriceye.com

PATIENT INFORMATION

Full Name :

Phone number:

Date of Birth : ☐☐ / ☐☐ / ☐☐

Email :

Address:

Gender: M F

OHIP Card #:

Version Code:

REFERRING PHYSICIAN INFORMATION

Full Name :

Phone number

Fax Number

Address:

OHIP Billing #:

REASON FOR REFERRAL

OHIP COVERED SERVICES

- ☐ DIABETES CHECK
- ☐ GLAUCOMA
- ☐ CATARACT
- ☐ RETINAL DISEASE
- ☐ AMBLYOPIA/STRABISMUS
- ☐ CORNEAL DISEASE
- ☐ UVEITIS

OTHER SERVICES

☐ _____

OHIP COVERS ROUTINE CARE FOR :

- ☐ 19 YEARS AND YOUNGER
- ☐ 65 YEARS AND OLDER

SPECIALTY SERVICES

- ☐ DRY EYE
- ☐ LASIK CONSULT
- ☐ SPECIALTY CONTACT LENS
- ☐ MYOPIA CONTROL
- ☐ LOW VISION

THANK YOU FOR YOUR REFERRAL

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Mississauga, ON, L5M 2S1
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