



OPHTHALMOLOGY REFERRAL

Emergency eye clinic

- Urgent (<24 hours)
- Semi-urgent (24 to 48 hours)
- Non-urgent (within 7 days)

General Ophthalmology

- 2-4 weeks
- Non-urgent

Name:

Date of birth:

Phone:

Address:

MOH#:

Please fax to 613-544-8330

**Urgent consults (<24 hours) must be discussed
directly with on-call resident available through
HDH or KGH switchboard**

Date: _____

Reason for Referral:

Relevant clinical findings:

(include visual acuity where applicable)

CONSULTANT NAME: _____ **Optometrist** OR **MD** (CPSO#: _____)