



Consultation Request Form

Please e-mail to contact@miltoneye.com or fax to (905) 876-5083.

Referring Doctor: _____ Billing #: _____

Address: _____ City: _____ Postal Code: _____

Office Phone #: _____ Fax #: _____

Patient Information

Last Name: _____ First Name: _____

OHIP #: _____ Version Code: _____ DOB (dd/mm/yyyy): ___/___/____ Sex: _____

Address: _____ City: _____ Postal Code: _____

Home Phone #: _____ Cell Phone #: _____ E-mail: _____

Medical Urgency:

- Urgent
- Non-Urgent

Surgeon:

- Dr. Aaron Chan
- Dr. Nour Nofal
- No Preference

Exam	OD	OS
BCVA		
Refraction		
IOP		
Pupils		

Location: Milton Clinic Oakville Trafalgar Memorial Hospital No Preference

Reason for Referral (please check where applicable)

Cataract	Ready for Surgery	Premium Options Discussed	IOL Master Biometry Preferred		
	Patient Undecided	Astigmatism Correction Candidate	PCO (Posterior Capsule Opacification)		
Anterior Segment	Pterygium	Conjunctival Lesion	Keratitis/Ulcer		
	Keratoconus	Corneal Transplant	Ocular Surface Disease		
Glaucoma	Narrow Angles/PACS	Open Angles/POAG	High IOP	Disc Cupping	Field Loss
Retina	Diabetes	Age-Related Macular Degeneration	Flashes/Floaters/Retinal Tears		
	Plaquenil	Retinal Vein/Artery Occlusion	Intravitreal Injection		
Other					
Notes/Medication					

Please check if there are any special needs that require accommodations:

- Mobility
- Range of Motion
- Cognitive
- Hearing Loss
- Other: _____