



Dr. Adil Bhatti

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Name of Patient:
OHIP:
DOB:
Phone:
Date:

MANDATORY CODIFICATION Semi Urgent (1 to 3 weeks) Priority (1 to 4 months) Elective (4+ months)

REASON FOR REFERRAL

RETINA

GENERAL

OTHER

- Dry AMD
- Wet AMD
- CRVO
- BRVO

- DME
- PDR
- CNVM

- Refractive Cataract Surgery
- Cataract

BCVA	OD	
	OS	

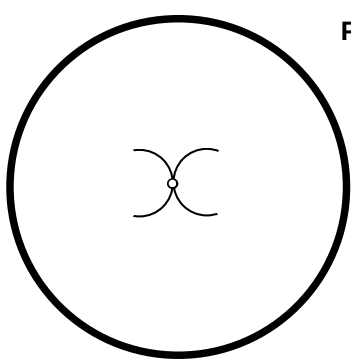
IOP	OD	
	OS	

Ophthalmologist / Optometrist: _____
Billing #: _____
Referral Office Name & Address: _____

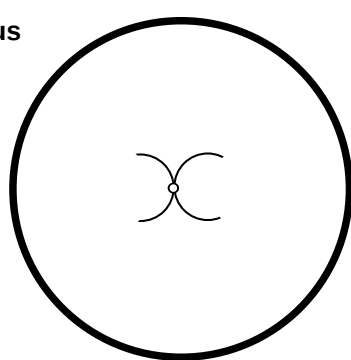
OD

OS

NOTES:



Fundus



Large empty box for notes.

RESERVED FOR DOCTOR				
CODE	TESTS			
A (1 to 3 weeks)	Angiography	VF 24-2	Biometry	Corneal Topography
B (1 to 4 months)	RET OCT	VF 10-2	Pachymetry	Anterior segment OCT
C (4+ months)	GL OCT	VF Estermann	Fundus Photography	Ultrasound