St. Joseph's Health Care London
ORTHOPTIST - IVEY EYE INSTITUTE
268 Grosvenor Street, Room B1-409 London, Ontario, Canada N6A 4V2
Telephone: 519 646-6018 • Fax: 519 646-6248

REQUEST FOR ORTHOPTIC ASSESSMENT

PATIENT: _____ DATE OF APPOINTMENT: _____ (YYYY / MM / DD)

HEALTH CARD #: _____

ADDRESS: _____ Postal Code: _____

BIRTHDATE: _____ (YYYY / MM / DD) SEX: _____ TELEPHONE NUMBER: _____ HOME BUSINESS

REASON FOR REFERRAL: _____

_____

_____

CYCLOPLEGIC REFRACTION

O.D.

O.S.

PRESENT R_x AND VISUAL ACUITY

O.D.

O.S.

OCULAR PATHOLOGY: _____

STRABISMUS / OCULAR SURGERY: _____

_____

REFERRED BY: _____ SIGNATURE: _____

NS0914 (Rev. 2010/01/25)

St. Joseph's Health Care London
ORTHOPTIST - IVEY EYE INSTITUTE
268 Grosvenor Street, Room B1-409 London, Ontario, Canada N6A 4V2
Telephone: 519 646-6018 • Fax: 519 646-6248

REQUEST FOR ORTHOPTIC ASSESSMENT

PATIENT: _____ DATE OF APPOINTMENT: _____ (YYYY / MM / DD)

HEALTH CARD #: _____

ADDRESS: _____ Postal Code: _____

BIRTHDATE: _____ (YYYY / MM / DD) SEX: _____ TELEPHONE NUMBER: _____ HOME BUSINESS

REASON FOR REFERRAL: _____

_____

_____

CYCLOPLEGIC REFRACTION

O.D.

O.S.

PRESENT R_x AND VISUAL ACUITY

O.D.

O.S.

OCULAR PATHOLOGY: _____

STRABISMUS / OCULAR SURGERY: _____

_____

REFERRED BY: _____ SIGNATURE: _____

NS0914 (Rev. 2010/01/25)