Referral to Conlon Eye Institute

Medical Arts Building, 341–750 Spadina Crescent East, Saskatoon SK S7K 3H3
Phone (306) 244-4111 Fax (306) 244-9904 referrals@conloneyeinstitute.com
Monday to Friday, 7 am to 4 pm

Confidential. Personal health information. Please fax or email this form with relevant test results.

REFERRAL TO (TICK ONE)

☐ Dr. M. Ronan Conlon ☐ Dr. Kareem Nagy

PATIENT

Patient name: Date of birth: Health card number:

Address: Phone: Email:

Preferred language: Interpreter needed? ☐ Yes ☐ No If yes, language:

REASON FOR REFERRAL (TICK ALL THAT APPLY)

☐ Cataract
☐ Refractive cataract / premium IOL
☐ RLE (refractive lens exchange)
☐ LASIK / ASL (PRK)
☐ Eyelid / oculoplastic (ptosis, blepharoplasty or lid lesion)
☐ Dry eye / cornea
☐ Diabetic retinopathy / diabetic eye exam
☐ AMD / anti VEGF
☐ Other retinal condition
☐ Glaucoma / glaucoma suspect
☐ Uveitis / ocular inflammation
☐ Other (specify):

Also tick any that apply: ☐ Ready for surgery ☐ Undecided ☐ Presbyopia treatment candidate

Diagnosis or reason for referral:

URGENCY AND ATTACHMENTS

Urgency: ☐ Urgent: within 1 week (also phone (306) 244-4111) ☐ Semi urgent: within 4 weeks ☐ Routine

Attachments: ☐ OCT ☐ Visual fields ☐ Fundus photos ☐ Other:

EYE EXAM

Date of last exam:

	OD (right)			OS (left)		
	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Uncorrected VA						
Best corrected VA						
Manifest refraction						
Cycloplegic refraction						
IOP (mmHg)						
Cup to disc ratio						

Anterior segment findings:

Fundus findings:

MEDICAL HISTORY AND MEDICATIONS

History:

Medications (including eye drops):

Patient on anticoagulants / blood thinners? ☐ Yes ☐ No

☐ No known allergies Allergies and reaction:

Additional notes:

☐ Patient is aware of and agrees to this referral

REFERRING PRACTITIONER

Name: Clinic: Billing number:

Phone: Fax for reply: Email: Signature: Date:

Fax referrals to (306) 244-9904 (preferred). Backup: referrals@conloneyeinstitute.com. Phone (306) 244-4111.

Confidential: personal health information collected under The Health Information Protection Act (Saskatchewan). Used only to arrange and provide this patient's eye care, stored in the patient's record at Conlon Eye Institute, and not disclosed except as permitted by law. If received in error, please notify (306) 244-4111 and destroy it.