Dr. Kaisra Esmail

Unit 1201 – 2827 30 Avenue
Red Deer, AB T4R 2P7
Located within the St. Mary Specialty Clinic

+1.587.802.5417
+1.403.346.9922
www.centralalbertaeye.com

COMPREHENSIVE OPHTHALMOLOGY SERVICES PROUDLY SERVING CENTRAL ALBERTA

Referral Form

Medical Urgency: ☐ Urgent (within one week) ☐ Semi-urgent (within one month)
☐ Routine (next available) ☐ **Emergent (Please call Ophthalmologist on call)

PATIENT INFORMATION (OR PATIENT LABEL):	
NAME:	AHC #: (please state if patient does not have provincial health care coverage)
DOB:	
ADDRESS:	
PHONE:	ALTERNATE PHONE:

***Please inform the patient that they will need to bring a translator if they are unable to communicate in English*

CLINIC INFORMATION:	
REFERRING PHYSICIAN:	REFERRING CLINIC:
ADDRESS:	
PHONE:	FAX:
PRAC ID#:	Referral is for: ☐ Transfer of care ☐ Co-management

VISUAL ACUITY (WITH GLASSES):		INTRAOCULAR PRESSURE (IF MEASURED):	
RIGHT EYE:	LEFT EYE:	RIGHT EYE:	LEFT EYE:

PAST OCULAR HISTORY:

REASON FOR REFERRAL:

Thank you for the referral. If possible, please attach any past medical history and medications. Your office will be contacted when the referral is triaged, and then again when an appointment is made with the patient.