

	Cataract	Refractive	Trans PRK	Keratoconus
	Glaucoma	Dry Eyes	Occuloplastics	Plexr

Patient Name			
Address			
DOB		Phone #	
Refer to:	Dr. Goldberg	Dr. Niknam	

Referral	Cataract	RLE	Keratoconus (CLX)	Laser Vision Correction	Glaucoma	Dry Eyes
	Chalazion/ Styte	Other:				

Pre- Assessment check		
	OD	OS
Visual Aquity		
Manifest Refraction		
Cyclogplegic Refraction		
IOP		

Contact Lens	
Last Use	
Type	

Mono Vision	Y / N
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Medical History	
Medications	
Past Eye Surgeries	
Allergies to medications	

Referring Doctor		Billing #	
Post Operative Co-Management			

Please fax this referral to Goldberg Centre 416-754-1378 or email to admin@goldbergcentre.com

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Surgical Suite # 102

416-754-3937
416-412-4441