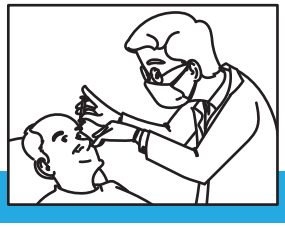


Dr. Sanjay Sharma

Retina Specialist

Referral Form

To:
Dr. Sanjay Sharma MD, MSc, FRCSC
Retina Specialist
Hotel Dieu Hospital
166 Brock St, B-224
Kingston ON, K7L 5G2

t: 613-544-3400 x2227
f: 613-544-5707

From:

First name _____ Last name _____

Fax number
( )

Patient information:

First name _____ Last name _____

Date of birth Year Month Day _____ OHIP no. _____ Version code _____

Address
Apt no. - Street no. Street name _____ PO box RR

City _____ Province/Territory _____

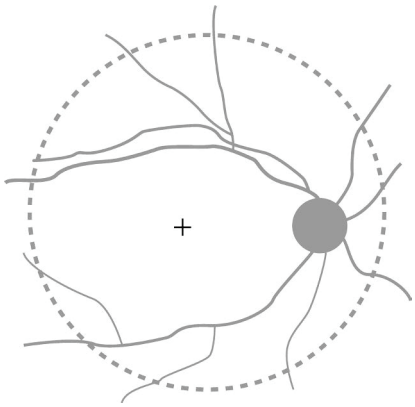
Postal code _____ Phone number
( )

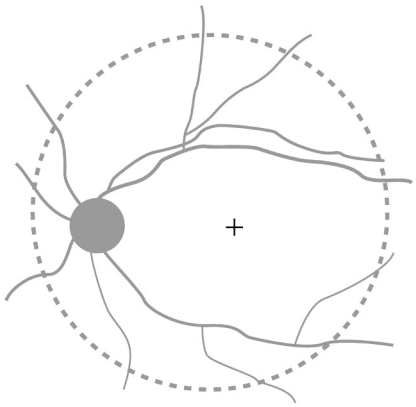
Email address _____

Reason for referral:

Visual Acuity	
Right	Left

OCTs (if performed)			
Right		Left	
fluid?		fluid?	
Y	N	Y	N





Signature: _____

Date: _____