

Dr. Sanjay Sharma MD, MSc, FRCSC & Associates  
 Retina Specialist  
 497 Cataraqui Woods Drive, Unit 5/6  
 Kingston, ON, K7P 1T8  
 Billing: #062414

t: 1-855-662-2852  
 f: 1-613-666-6228

**FROM:**

\_\_\_\_\_  
 Doctor's Name

\_\_\_\_\_  
 Telephone number

\_\_\_\_\_  
 Fax number

\_\_\_\_\_  
 Billing #                      Clinic Name

**OUR CLINIC LOCATIONS:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Kingston Macula Clinic</b><br>497 Cataraqui Woods Dr<br>Unit 5/6<br>Kingston ON K7P 1T8 | <input type="checkbox"/> <b>Brockville Macula Clinic</b><br>309 Park St<br>Suite 108<br>Brockville ON K6V 6E5   |
| <input type="checkbox"/> <b>Hotel Dieu Hospital</b><br>Johnson 6<br>166 Brock St<br>Kingston ON K7L 5G2             | <input type="checkbox"/> <b>Port Hope Macula Clinic</b><br>249 Ontario St<br>Suite 209<br>Port Hope ON L1A 2V9  |
| <input type="checkbox"/> <b>Belleville Macula Clinic</b><br>29 Wallbridge Cres<br>Unit 3<br>Belleville, ON K8P 1Z4  | <input type="checkbox"/> <b>Perth/Smiths Falls Macula Clinic</b><br>91 Cornelia St W<br>Smiths Falls ON K7A 2H7 |

**PATIENT INFORMATION:**

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Address

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OHIP no. \_\_\_\_\_ VC \_\_\_\_\_

\_\_\_\_\_  
 DOB

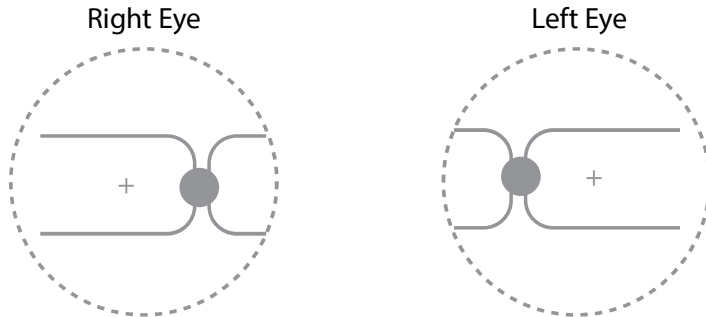
**PREFERRED CONTACT:**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Phone Number

**Vision:**  SC    CC

Right \_\_\_\_\_  
 Left \_\_\_\_\_



**REASON FOR REFERRAL**

\_\_\_\_\_  
 Signature    Date