DR. PETER T. HUANG
M.D., FRCS(C), DIPL ABO

DR. JOHN T. HUANG
M.D., FRCS(C), DIPL ABO

DR. PAUL HUANG
M.D. FRCS(C), DIPL ABO

HOLYCROSSEYE.CA

EYE PHYSICIANS AND SURGEONS

Bow River Professional Centre
Suite 313, 4411- 16 Ave NW
Calgary, Alberta T3B 0M3
Phone: 403-286-3335 Fax: 403-286-3316

Northeast Specialty Eye Clinic
410 – 2618 Hopewell Place NE
Calgary, Alberta T1Y 7J7
Phone: 403-273-6255 Fax: 403-273-3668

OPHTHALMOLOGY REFERRAL

Patient Name: _____Date of Birth: _____ Gender: F__ M__

Address: _____ AHC #: _____

Phone #: (Home) _____ (Cell) _____

_____ First available
_____ Dr. Paul Huang – Comprehensive
_____ Dr. John T. Huang - Comprehensive
_____ Dr. Peter T. Huang - Cornea/Comprehensive

Reason for Referral:
Urgency: Urgent ____ Within a month ____ Elective ____

___ Cataracts
___ YAG Capsulotomy
___ Cornea
___ Pterygium
___ Narrow angles
___ Glaucoma
___ YAG Iridotomy
___ Strabismus
___ Pediatric ophthalmology
___ Diplopia
___ Diabetes
___ Dry eyes
___ Uveitis
___ Refractive surgery
___ Eyelids
___ Conjunctiva
___ Retina
___ Other

Eye of Greatest Concern: OD _____ OS _____ OU ____

Visual Acuity: OD 20/____ OS 20/____ **IOPs:** OD ____ mmHg OS ____ mmHg

**** Refraction: OD _____ OS _____**

If referring for cataracts, please include refraction.

Comments:_____
_____
_____
_____

Referring Doctor: _____
Prac ID: _____
Phone #: _____ Fax #: _____
Address: _____
Date: _____ Dr. Signature: _____

____ Optometrist
____ Family Physician
____ Ophthalmologist
____ Other