THE MACULA CLINIC

Rapid Assessment Referral Form

Dr. Sanjay Sharma MD, MSc, FRCSC & Associates
Retina Specialist
497 Cataraqui Woods Drive, Unit 5/6
Kingston, ON, K7P 0V3
Billing: #062414

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

FROM:

Doctor's Name

Telephone number

Fax number

Billing #

Clinic Name

THE MACULA CLINIC LOCATIONS:

☐ **Ajax**
230 Westney Rd S
Suite 201
Ajax ON L1S 7P9

☐ **Orangeville**
520 Alder St
Unit 9/10
Orangeville ON L9W 7T6

☐ **Belleville**
29 Wallbridge Cres
Unit 3
Belleville ON K8P 1Z4

☐ **Port Hope**
249 Ontario St
Suite 209
Port Hope ON L1A 2V9

☐ **Brockville**
309 Park St
Suite 108
Brockville ON K6V 6E5

☐ **Smiths Falls / Perth**
91 Cornelia St W
Suite 135
Smiths Falls ON K7A 2H7

☐ **Kingston**
497 Cataraqui Woods Dr
Unit 5/6
Kingston ON K7P 0V3

PATIENT INFORMATION:

First Name

Last Name

Phone Number

Address

OHIP no.

VC

DOB

PREFERRED CONTACT:

Name

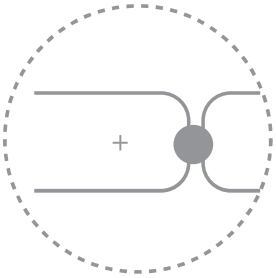
Phone Number

Vision: ☐SC ☐CC

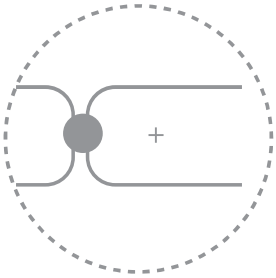
Right_____

Left _____

Right Eye



Left Eye



REASON FOR REFERRAL

Signature

Date

Please Fax To 1-613-666-6228