VIVID EYE CARE
AT MEADOWS MILE

Referral Form
vivideyecare.ca/referrals

Please fax to 403-258-2020

☐ Dr. Colleen Gnyp ☐ Dr. Joanna Komar ☐ Dr. Greg Osherov
☐ Dr. Rima Sabbah ☐ Dr. Abdelkader Soufi ☐ Any Provider

Referring Provider Information (include PRAC ID and fax): ☐ Would like a report back

Referral Date:

Patient Information:

Name (LAST, First):	AHC #:
DOB (dd-mm-yyyy):	Gender: ☐ Male ☐ Female ☐ Other _____
Phone:	Email:

Urgent	Routine Screening/Monitoring
☐ **Same day appointment requested** ☐ Blurry vision (sudden onset) ☐ Double vision ☐ Eye pain ☐ Eyelid infection/inflammation ☐ Flashing lights and/or floaters ☐ Foreign body ☐ Headaches ☐ Red eye – conjunctivitis – iritis - keratitis ☐ Visual field loss ☐ Rule out narrow-angle glaucoma (some medications can induce an attack in predisposed individuals) ☐ Other: _____	☐ Adult eye examination ☐ Cataract ☐ Chemotherapy ☐ Diabetic retinal eye exam ☐ Dry eyes ☐ Drugs with adverse ocular effects ☐ Accutane ☐ Ozempic ☐ Ethambutol ☐ Steroids ☐ Gilenya ☐ Tamoxifen ☐ Hydroxychloroquine ☐ Other ☐ Glaucoma ☐ Macular degeneration ☐ Pediatric eye examination ☐ Pediatric strabismus ☐ Post stroke ☐ Visual field testing ☐ Other: _____

Additional details: