



Religious Hospitallers
of Saint Joseph
of the Hotel Dieu of Kingston
HOTEL DIEU HOSPITAL

OPHTHALMOLOGY REFERRAL

Patient Name: _____

Date of Birth: _____

Address: _____

Phone #: _____

Health Card #: _____

Emergency Eye Clinic - please fax to 613-544-8330

Urgent (< 24 hours) ***must be discussed directly with on-call resident available through HDH or KGH switchboard***

Semi-urgent (24 to 48 hours)

Non-urgent (within 7 days)

General Ophthalmology – please fax to 613-544-8330

2 – 4 weeks

Non-urgent

Date of Referral: _____

Reason for Referral: _____

Relevant clinical findings: *Please include visual acuity, past medical history and medication list.*

Person requesting consult (**PLEASE PRINT**):

NAME _____ Optometrist M.D. (OHIP Billing #) _____

Address _____ Telephone #: _____

_____ Fax #: _____

Please advise patient's that appointments may take 2 to 3 hours