PEEL EYE CARE

Dr. Zara Akhter
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Patient label

Date: _____

Patient Name: _____

HC #: _____

Phone #: _____

Reason for referral:

- ☐ Diabetic eye exam (OHIP covered*)
- ☐ Urgent Eye Concerns (red/painful, sudden vision change, injury, ophthalmic shingles etc.)
- ☐ Flashing lights/floaters or shadows/curtains
- ☐ Child/youth eye exam (19 and younger; OHIP covered*)
- ☐ Senior eye exam (65 and older; OHIP covered*)
- ☐ Routine Adult eye exam
- ☐ Plaquenil monitoring (OHIP covered*)
- ☐ Other: _____

Doctor Name: _____

Address: _____

Phone: _____

Fax: _____

* OHIP coverage: eligible Ontario residents; clinical criteria and examination-frequency limits apply. Age 19 and younger: major exam every 12 months. Age 65+: every 12 months with an eligible condition, or every 18 months without one. Ages 20-64: every 12 months with an eligible medical condition. Eligible conditions include diabetes, glaucoma, qualifying cataracts (significant vision impairment or surgery referral), acute/progressive retinal, corneal or optic pathway disease, actively inflamed uveitis, acute acquired cranial nerve palsy causing strabismus, and toxicity screening for hydroxychloroquine, chloroquine, ethambutol or tamoxifen. Eligibility is determined at assessment. OCT is not OHIP covered. **Call the office for clarification.**