

# Glaucoma Consult Request

<p><b>To: Dr. Robert Schertzer, MD, FRCSC</b>          Glaucoma &amp; Anterior Segment Surgery          North Shore Eye Associates          #102 -1111 Lonsdale Ave          North Vancouver, BC V7M 2H4          info@iguy.org</p>	<p><b>From:</b> _____ <b>Billing #:</b> _____  <b>Address:</b> _____  <b>Phone:</b> _____ <b>Fax:</b> _____  <b>Email:</b> _____</p>
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<p style="text-align: center;"><b>Patient</b></p> <p>Name: _____          Phone #: _____          MSP #: _____          D.O.B. _____                                          YYYY / MM / DD</p>	<p>To make an appointment, please fax this form to:          (ALL INFO <b>MUST</b> BE COMPLETE)</p> <p style="text-align: center;"><b>FAX: (604) 988-0166 (North Van office)</b></p> <p>We triage requests throughout the day; calling does not get your patient in more quickly. We will fax the appt. information to you.</p>
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**Please provide this patient with the following services (CHECK AT LEAST ONE):**

An initial comprehensive glaucoma evaluation  
*Includes: a thorough medical/surgical history, visual field studies, slit-lamp exam, gonioscopy, dilated fundus exam and optic-nerve images, as appropriate.*  
 My office (referring doctor) will provide:  visual fields     optic-nerve images

This patient is **not** being referred for an ophthalmic exam. Please provide:  
 Visual field studies     HRT and report     Optic-nerve images

Referred-back exam (glaucoma patient co-managed with you). Perform appropriate studies.  
 My office will provide:  visual fields     optic-nerve images

<p><b>Clinical History</b></p> <p>V<sub>cc</sub> (far):    OD 20 / ____    OS 20 / ____          Refraction: OD _____ OS _____  <input type="checkbox"/> Suspect, open angle glaucoma    <input type="checkbox"/> Open angle glaucoma  <input type="checkbox"/> Suspect, narrow angles            <input type="checkbox"/> _____</p>	<p><b>Additional Clinical Notes</b>          (history, meds, surgeries, questions)</p>		
Date / Time			
IOP OD <input type="checkbox"/> A <input type="checkbox"/> NCT			
IOP OS <input type="checkbox"/> A <input type="checkbox"/> NCT			
C / D OD			
C / D OS			