



Robert Schertzer, MEd, MD, FRCSC

Ophthalmology Consult Request

MSP# 26035

Dr. Robert Schertzer Inc.
westcoastglaucoma.com
info@iguy.org

<p>Date of Referral: _____</p> <p>Patient Name: _____</p> <p>PHN: _____ DOB: _____ YYYY / MM / DD</p> <p>Patient Phone: _____</p> <p>Patient Email: _____</p>	<p>To make an appointment, use the online form or fax this COMPLETED form to:</p> <p>NEW as of Feb 1, 2024 FAX: (604) 876-6557 Dr. Robert Schertzer Inc. 2415 Kingsway Vancouver, BC V5R 5G8 Ph: (604) 876-7433</p>																				
<p>Referred by: _____ Billing #: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> <p>New or repeat consult (check <u>ONE ONLY</u>):</p> <p><input type="checkbox"/> New consult <input type="checkbox"/> Repeat consult (same condition) <input type="checkbox"/> Repeat consult (new condition)</p> <p>Reason for referral (check all that apply):</p> <p><input type="checkbox"/> Glaucoma <input type="checkbox"/> Diabetes <input type="checkbox"/> Cataracts <input type="checkbox"/> Flashes/Floaters <input type="checkbox"/> Red eye</p> <p><input type="checkbox"/> Pain <input type="checkbox"/> Decreased vision <input type="checkbox"/> Other _____</p>	<p>We triage requests throughout the day; calling does not get your patient in more quickly unless it's a true emergency.</p> <p>We will fax the appt. information to you. Patients will receive up to 3 appointments: a consult, visual field testing, and imaging, depending on the diagnosis.</p> <p>Please tell patients that the appt can take up to 2 hours. They should bring their preferred glasses and ALL medications, including eye drops.</p> <p>The waiting room size is limited; please ask patients to bring no more than one support person to the visit.</p>																				
<p>Vision and Refraction</p> <p>V_{cc} (far): OD 20 / _____ OS 20 / _____</p> <p>MRx: OD _____</p> <p>OS _____</p>	<p>Additional Clinical Notes (history, meds, surgeries, questions)</p>																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date / Time</td> <td style="width: 30%;"></td> <td style="width: 30%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>IOP OD <input type="checkbox"/> A <input type="checkbox"/> NCT</td> <td style="text-align: center;">mm Hg</td> <td style="text-align: center;">mm Hg</td> <td></td> </tr> <tr> <td>IOP OS <input type="checkbox"/> A <input type="checkbox"/> NCT</td> <td style="text-align: center;">mm Hg</td> <td style="text-align: center;">mm Hg</td> <td></td> </tr> <tr> <td>c/d OD</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c/d OS</td> <td></td> <td></td> <td></td> </tr> </table>	Date / Time				IOP OD <input type="checkbox"/> A <input type="checkbox"/> NCT	mm Hg	mm Hg		IOP OS <input type="checkbox"/> A <input type="checkbox"/> NCT	mm Hg	mm Hg		c/d OD				c/d OS				
Date / Time																					
IOP OD <input type="checkbox"/> A <input type="checkbox"/> NCT	mm Hg	mm Hg																			
IOP OS <input type="checkbox"/> A <input type="checkbox"/> NCT	mm Hg	mm Hg																			
c/d OD																					
c/d OS																					