

# Dr. Adam Muzychuk MD FRCSC

Gimbel Eye Centre  
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Refractive Surgery      Cataract      Anterior Segment      Glaucoma      Crosslinking

Medical Urgency:       Within a Week (must call) \*\*       Within a Month       Routine: Next Available

**\*If URGENT and you cannot contact our office by phone, please assume we are unable to accommodate and refer to on-call**

Patient Information	
Name:	AHC#:
Date of Birth (yyyy-mm-dd):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
Phone:	Cell:

Please inform the patient that they will need to bring an interpreter to their appointment if they are unable to communicate in English

Referring Clinic Information	
Referring Practitioner:	Referring Clinic:
Phone:	Fax:
Practitioner ID:	Date: (yyyy-mm-dd):
This referral is for transfer of care: <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-Management of this patient is desired: <input type="checkbox"/> Yes <input type="checkbox"/> No

Conditions				
<input type="checkbox"/> Cataract	<input type="checkbox"/> Crosslinking	<input type="checkbox"/> AMD (Wet/Dry)	<input type="checkbox"/> Eyelid	<input type="checkbox"/> Refractive Lens Exchange
<input type="checkbox"/> IOL Opacity	<input type="checkbox"/> Keratoconus	<input type="checkbox"/> Diabetic Retinopathy	<input type="checkbox"/> Chalazion	<input type="checkbox"/> Laser Refractive
<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Cornea	<input type="checkbox"/> Plaquenil	<input type="checkbox"/> Thyroid Eye Disease	<input type="checkbox"/> Phakic IOL
<input type="checkbox"/> Narrow Angles/LPI	<input type="checkbox"/> Dry Eye	<input type="checkbox"/> Amblyopia	<input type="checkbox"/> Optic Nerve	
<input type="checkbox"/> YAG Capsulotomy	<input type="checkbox"/> Ocular Surface	<input type="checkbox"/> Other Retina	<input type="checkbox"/> Pterygium	
<input type="checkbox"/> SLT	<input type="checkbox"/> Allergy			
VA    OD:	OS:	IOP    OD:	OS:	
<b>Comments:</b>				

Thank you for your referral. If medically urgent, please specify and send all necessary associated documentation. **If an appointment is desired within two weeks, please contact our office by phone to arrange.**