



TRINITY HILLS  
**EYECARE**

**Trinity Hills Eyecare**  
913 Na'a Drive SW  
Calgary, AB T3H 6A4

P: 403.888.3368

F: 403.888.3368

[info@trinityhillseyecare.ca](mailto:info@trinityhillseyecare.ca)

[www.trinityhillseyecare.ca](http://www.trinityhillseyecare.ca)

MYOPIA MANAGEMENT | DRY EYE TREATMENT | COMPREHENSIVE EXAM | SPECIALTY CONTACT LENS

## REFERRAL FORM

**Consult with:**

Next Available

Dr. Kobie Lee

Dr. Karen Pinchak

PATIENT INFORMATION			
Name:		Gender:	
AHC#:		Cell:	
DOB(y/m/d):		Email:	
Address:			

REFERRING CLINIC INFORMATION			
Physician Name:		Phone:	
Referral Clinic:		Fax:	
Prac-ID:		Email:	
Date (y/m/d):			

REASON FOR REFERRAL			
<input type="checkbox"/> Myopia Control	<input type="checkbox"/> Dry Eye	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Specialty Contact Lens
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Medication	<input type="checkbox"/> Macular degeneration
<input type="checkbox"/> Emergency	<input type="checkbox"/> Red Eye	<input type="checkbox"/> Flashes/Floaters	<input type="checkbox"/> Foreign Body
Other (specify):			
Comments:			
<b>VA:</b>	OD		OS
<b>IOP:</b>	OD		OS

Thank you for your referral. All referrals are triaged throughout the day and patients are contacted within 2 business days of receiving the referral. Your office will be notified by fax or email of patient's appointment.