Dr. Ying Lu , M.D , M.Sc, FRCS , DABO

Tel: 416-444-7502 Fax: 416-444-0025

PATIENT INFO	
Last Name	First Name
Home #	Cell #
Email (if available)	
OHIP #	Version Code
DOB: (day) (month) (year)	Language Speaking

REFERRING DOCTOR INFO	
Last Name	First Name
OHIP Billing #	
Phone #	Fax #

PATIENT EXAM	
OD	**OS**
BCVA	BCVA
REFRACTION	REFRACTION
IOP	IOP

REASONS FOR REFERRAL	
Cataract	OD OS OU
Glaucoma	NARROW A/C ---- assess for PI SUSPECT ---- assess for DX CONFIRMED ---- assess for TX
Retina	Dry Wet
Other Reasons for Referral	

Thank you for your referral.