



# URGENT RETINA REFERRAL

(Fax to 519-752-3277)

Please See:

Patient Info:

- Wet AMD
- Proliferative Diabetic Retinopathy
- Diabetic Macular Edema
- CRVO
- BRVO
- Retinal Tear (please specify location)
- Retinal Detachment
- CRAO  OD
- BRAO  OS

Referring Optometrist:

Billing Number: