



## NEW PATIENT REFERRAL FORM

# Refer a Patient to Precision Retina Care (PRC) Clinical Service

Clinical care is provided by Dr. Varun Chaudhary through his Medical Professional Corporation.\*

FAX COMPLETED FORM TO

**905-573-4858**

Prefer to refer online?  
[hamiltonretina.ca/refer-a-patient](https://hamiltonretina.ca/refer-a-patient)

## Referring Physician Information

Name (Required)

Full Name

Phone (Required)

Fax (Required)

Email (Required)

## Patient Information

Patient Name (Required)

First

Last

Phone (Required)

Date (Required)

MM/DD/YYYY

DOB (Required)

MM/DD/YYYY

VA: O.D. 20/: (Required)

VA: O.S. 20/: (Required)

### Research

☐ **INTERESTED IN RESEARCH** Participation in research is optional and requires separate consent.

Health Card Number (Optional)

Version Code (Optional)

History & Diagnosis (Required)

### Special Instructions

Testing Only (Please Specify)

☐ **Testing Only (Please Specify)**

Please Specify (Required if Testing Only is selected)

Consent (Required)

☐ I confirm that I am authorized to share this patient's information for the purpose of this referral and consent to its secure transmission.

Information submitted through this referral form is collected solely for the purpose of processing the referral and providing clinical care.

\*Clinical care is provided by Dr. Varun Chaudhary, through his medical professional corporation. Precision Retina Care (PRC) is the associated clinical service within this practice. Retina Consultants of Hamilton (RCH) is an academic and organizational initiative and does not provide clinical care. Research activities are conducted in accordance with applicable institutional and ethical guidelines.

Located at the Thomas Kevill Regional Eye Institute, 2757 King Street East, Hamilton, Ontario. Referral Fax 905-573-4858.



[hamiltonretina.ca](https://hamiltonretina.ca)