



# ORTHOPTIC CLINIC

## Department of Ophthalmology

4480 Oak Street  
Vancouver, B.C. V6H 3V4  
Phone: (604) 875-2111  
Fax: (604) 875-3561

Referring Ophthalmologist

Address

Telephone

MD #

Fax

Appointment Date:

Time:

Please complete in full

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F  
DAY/MONTH/YEAR SEX

Patient Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

(Business) \_\_\_\_\_

M.S.P. \_\_\_\_\_

(Cell) \_\_\_\_\_ Please provide at least 2 contact no's

Visual Acuity RE: \_\_\_\_\_

Refraction: RE: \_\_\_\_\_

LE: \_\_\_\_\_

LE: \_\_\_\_\_

Tentative Diagnosis \_\_\_\_\_  
and Comments: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

Repeat Test  Yes  No

ORTHOPTIC SERVICES

**IMPORTANT: Patient must bring all glasses / contact lenses and Personal Health Card to appointment**

- Full work up (60 min.)
- Fresnel prism
- Field of Binocular Single Vision (30 min.)
- Goldmann Visual Fields (60 min.) - children only
- Humphrey Automated Visual Field - children only
  - 30 - 2
  - 10 - 2
- Colour Vision - children only
  - Farnsworth D15
  - FM 100 - 60min