

**Neuro-Ophthalmology Referral  
801 Eglinton Ave West, Suite 301  
Toronto ON M5N 1E3**

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**EMERGENCY CLINICS (WALK-IN): EVERY MONDAY, TUESDAY, THURSDAY 8 AM UNTIL 1 PM**

**PLEASE GIVE PATIENT A REFERRAL TO TAKE WITH THEM**

**PLACE STICKER WITH PATIENT'S DEMOGRAPHICS HERE:**

**REFERRING PHYSICIAN NAME/BILLING NUMBER/EMAIL OR FAX:**

## **REASON FOR REFERRAL**

- ☐ **DIPLOPIA**
- ☐ **SUSPECT GIANT CELL ARTERITIS**
- ☐ **ACUTE VISUAL LOSS**
- ☐ **OPTIC NEURITIS**
- ☐ **IDIOPATHIC INTRACRANIAL HYPERTENSION**
- ☐ **OPTIC NERVE HEAD SWELLING**
- ☐ **UNEXPLAINED VISUAL SYMPTOMS**
- ☐ **VISUAL FIELD DEFECT**