

Striowski Prosthetic Eyes
215-340 College St.
Toronto ON
Phone 416-970-9539 Fax 416-572-5884
Andra@SPEyes.ca www.SPEyes.ca



REFERRAL FOR OCULAR PROSTHETICS

| PATIENT INFORMATION | |
|---------------------|--|
| Name: | |
| Address: | |
| Phone Number: | |
| Date of Birth: | |
| Health Card #: | |
| PLEASE SELECT: | |

Affected Eye: Left Right

Past Surgeries: Enucleation Evisceration Other:

Notes:

PRESCRIBER'S INFORMATION:

Name:

Address:

Phone Number:

OHIP Billing #:

Signature:

Date:

Completed forms can be submitted by email to Andra@SPEyes.ca or by fax to 416-572-5884