



DR. DEBBIE LUK, BSc(HONS), OD, FCOVD
Residency-Trained and Board Certified Developmental Optometrist
in Vision Development, Sports Vision and Vision Therapy

VISION THERAPY ASSESSMENT REFERRAL

Today's Date: _____

Referring Doctor
Dr.
Tel:
Fax:

Patient Name

DOB

Alberta Health Care Number

Address

City

Postal Code

Telephone

CORRESPONDENCE: Fax Report Email Report

REASON FOR REFERRAL:

- Strabismus
- Amblyopia
- Concussion
- Eye Tracking/Oculomotor
- Accommodative Dysfunction
- Binocular Dysfunction
- Perceptual Evaluation
- Sports Vision Evaluation
- Traumatic Brain Injury

Refraction OD _____ 20/____ OS _____ 20/____

COMMENTS/RELEVANT EXAMINATION RESULTS:

PLEASE INDICATE THE CLINIC LOCATION THAT THE PATIENT PREFERS TO BE SEEN:

Bridgeland
#5, 1010- 1 Ave NE
Calgary AB T2E 7W7
Tel: (403) 269-9579

Panorama Hill
34 Panatella Blvd NW
Calgary AB T3K 6K7
Tel: (403) 248-3937

Winsport Medical Clinic
147 Canada Olympic Way SW
Calgary Ab T3B 5R5
Tel: (403) 453 3440

Please Fax this form to (403) 532-3056
Our office will contact the patient to book an appointment