

Eye Clinic – Edmonton
Diagnostic Service Requisition

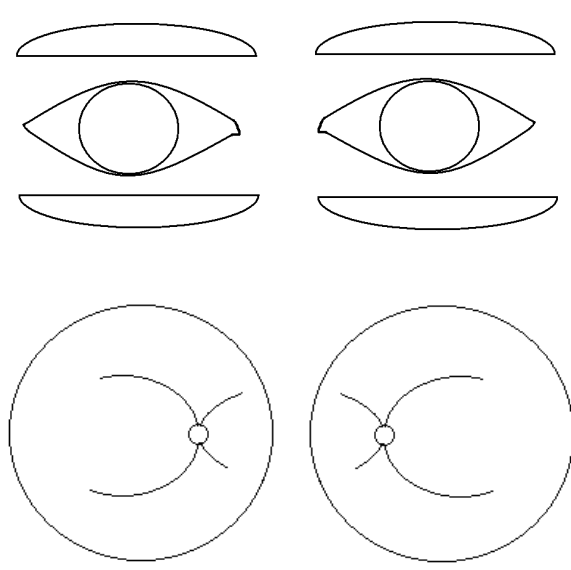
Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X)			

Patient Mobility Status <input type="checkbox"/> Walking <input type="checkbox"/> Transferrable <input type="checkbox"/> Non-transferrable	Can Patient Be Safely Dilated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Diagnosis/History/Indication *(What question do you want answered?)*

Visual Acuity	Right	Left
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Refraction	Right	Left
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Please Indicate Area of Interest <i>(Applicable to FA, ICG & Photos)</i> 	<input type="checkbox"/> Fluorescein Angiography <input type="checkbox"/> ICG Angiography <i>(Please answer both questions)</i> Primary Eye <input type="checkbox"/> Right <input type="checkbox"/> Left Image Other Eye <input type="checkbox"/> Yes <input type="checkbox"/> No
	Photos <input type="checkbox"/> Fundus <input type="checkbox"/> External <input type="checkbox"/> Slit Lamp <input type="checkbox"/> Gonio <input type="checkbox"/> Autofluorescence (aF) <input type="checkbox"/> OCT – Anterior Segment <input type="checkbox"/> Cornea <input type="checkbox"/> Sclera <input type="checkbox"/> Angles <input type="checkbox"/> Other: _____ <input type="checkbox"/> OCT – Posterior Segment <input type="checkbox"/> Macula <input type="checkbox"/> Optic Nerve <input type="checkbox"/> Other: _____ <input type="checkbox"/> HRT Color Vision <input type="checkbox"/> D-15 <input type="checkbox"/> FM100 Hue IOP Reading <input type="checkbox"/> Single <input type="checkbox"/> Serial (every hour x 4)

Orthoptics <i>(attach last clinic sheet)</i> <input type="checkbox"/> Orthoptics Assessment <input type="checkbox"/> Fresnel Fitting <input type="checkbox"/> Hess Chart <input type="checkbox"/> Synoptophore	<input type="checkbox"/> Humphrey Visual Fields <input type="checkbox"/> 24-2 <input type="checkbox"/> 10-2 <input type="checkbox"/> Binocular Esterman (R & L together) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Octopus Visual Fields (R & L separately) <input type="checkbox"/> Binocular Octopus Visual Fields (R & L together)
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<input type="checkbox"/> Specular Microscopy <input type="checkbox"/> Corneal Topography (Pentacam) <input type="checkbox"/> IOL Master <input type="checkbox"/> A Scan <input type="checkbox"/> B Scan (Posterior Segment) <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> UBM (Anterior Segment) <input type="checkbox"/> Right <input type="checkbox"/> Left	Electrodiagnostic Testing <input type="checkbox"/> Dark Adaptation <input type="checkbox"/> EOG <input type="checkbox"/> ffERG <input type="checkbox"/> mfERG <input type="checkbox"/> VEP
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Comments

Ordering Physician	Physician Signature	Ordering Physician Fax	Date <i>(dd-Mon-yyyy)</i>
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Eye Clinic – Edmonton

Diagnostic Service Requisition

Information for Ordering Physician:

Please fill out all bolded areas for all requests. Please provide patient phone number if this request is for a non-resident of Alberta.

Once the request is scheduled, we will notify the patient & your office. You will also receive a notification when the appointment is completed.

Diagnostic results will be uploaded to Topcon Harmony and be available for immediate access once the appointment is completed.

Electrodiagnostic Testing requires a service from the interpreting physician and the interpretation report will be available within 6-8 weeks.

Address	Main Level, ATC 1111 Royal Alexandra Hospital 10240 Kingsway Ave NW
Phone Number	780-735-5754
Fax Number	780-735-5830

Information for Patients:

Please visit www.ahs.ca/eia for information about:

- How to contact us
- How to find us
- Testing information and how to prepare for testing
- If your eyes will be dilated or not

If you are dilated, please bring sunglasses and arrange transportation for when your appointment is completed.