BC Children's Hospital
Provincial Health Services Authority

Department of Ophthalmology
Shaughnessy Building, off Heather St. Entrance #73
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Vancouver, BC V6H 3V4
Booking Phone Line: 604-875-2111
FAX: 604-602-8651

NAME:
DOB:
GENDER: M ☐ F ☐ Other:
PREFERRED PRONOUNS:
PHN:
PHONE NUMBER:

Translator Required? : Yes ☐ No ☐
Language:

REQUISITION FOR VISUAL ELECTROPHYSIOLOGY

(To be completed fully and legibly by referring physician)

☐ **Full-Field ERG**	☐ **EOG**
☐ **Multi-Focal ERG**	☐ **Pattern Reversal VEP**
☐ **Pattern ERG**	☐ **Flash VEP**

RELATED HISTORY *(MUST BE COMPLETED)*

CLINICAL HISTORY / FOLLOW UP FREQUENCY

_____

_____

MEDICATIONS:_____

CLINICAL PRIORITY: ☐ Urgent ☐ Elective

SEDATION REQUIRED: ☐ No ☐ Yes

	Distance Refraction	Visual Acuity
RE		
LE		

Physician's orders:

1. **For dilation:** Phenylephrine 2.5%, Mydriacyl 1%, Cyclopentolate 1%, 1 drop in both eyes
   Children <2 years old: Phenylephrine 1.25%, Cyclopentolate 0.5%, 1 drop in both eyes
2. Alcaine 0.5% 1 drop both eyes, PRN

PLEASE ATTACH THE MOST RECENT CONSULT NOTE TO THIS REQUISITION

REFERRING PHYSICIAN *(MUST BE COMPLETED)*

Name		**Phone**	
MSP #		**Fax**	
Signature		**Address**	