Dr. Nancy Chung
801 York Mills Road
Suite 210
Toronto, Ontario M3B 1X7
Telephone #: (416) 385-1988 Fax #: (416) 385-0886

Date: JAN 22/09

Dear Dr.

21 ALDBOROUGH AVE
AT THOMAS, N6R 4S6
519-673-6852

RE: GARY LARIVEE
DOB: JAN 24/40
Health Card Number: 6103 614 370 XT 2012/01/24
Appt Date:

Reason for Referral:
GLAUCOMA SUSPECT - LOW TENSION

Pertinent information:
REPABLE RIGHT INFERIOR NASAL DEFECT, VEFI SUPERIOR NASAL DEFECT

Best corrected VA: OD +2.50/-1.25 x 117 20/25
OS +2.25/-1.25 x 076 20/25

Slit Lamp Biomicroscopy: WNL

Binocular Vision: WNL

Ophthalmoscopy: DILATED OD: @ SUPERIOR AND SUPERIOR TEMPORAL NFL DEFECT
C/D 0.7
OS @ INFERIOR WEDGE DEFECT

____ Holes, Tears, Detachments, Tumors or Scars found

IOP (NCT/Perkins): OD 15 mmHg OS 15 mmHg 2:44 pm Goldmann

Pupils: MG (+ / -)

Comments:
_____ the risk and symptoms of retinal detachment have been discussed
_____ the risk and symptoms of narrow angle glaucoma have been discussed

PACH READINGS OD 580 OS 578

VFs NEW ZAOS NORMAL

Kindest Regards,

Dr. Nancy Chung, OD
ERC