Ontario Ministry of Health

Request for Major Eye Examination Provided by a Physician

As of September 1, 2023, this form is no longer applicable to services rendered by optometrists.

Patients with any one of the following medical conditions are eligible to **directly** access a “major eye exam” service and **do not** need this form completed in order to obtain this service from a physician.

Diabetes mellitus, type 1 or 2	Glaucoma	Corneal disease	Cataract	Retinal disease
Optic pathway disease	Amblyopia	Visual field defects	Strabismus	Recurrent uveitis

Patients with any other medical conditions affecting the eye may access a “major eye exam” service once every 12 months upon recommendation by either a physician or a nurse practitioner.

A fee may be claimed for completing this request (fee code E077).

If you have a patient who requires a major eye exam service, please complete the following:

Section 1 - Patient Information

Last Name	First Name	Middle Name

Health Number (10 digits)	Version	Date of Birth (yyyy/mm/dd)

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code	Telephone Number
	ON		

Section 2 - Patient Medical Information

Please provide medical information explaining why this patient would require a major eye exam service once every 12 months

Section 3 - Physician / Nurse Practitioner Information

Last Name	First Name	OHIP Billing Number

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code	Telephone Number
	ON		

In providing my signature, I verify that the information contained on this requisition is true and accurate to the best of my knowledge.

Signature	Date (yyyy/mm/dd)

Section 4 - Major Eye Exam Provider Information

Physician Name

Last Name	First Name

This requisition is valid until March 31, five fiscal years after the date of physician/nurse practitioner signature. A new requisition form may be provided prior to this expiry date if the patient is seeking a major eye exam from a provider other than the one noted in section 4.

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