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GENERAL CONSULTATION REQUEST

This form can be used for any form of consultation. For cataract or laser vision correction consultation, optometrists can consider using out Cataract Consultation Request and Laser Vision Consultation Request form respectively. ***Download all forms at www.SugarLandEye.com***.

Referring Doctor: ______________________________ Date: __________

Patient Name: ______________________________ Phone: __________

Insurance: ______________________________ Precert: __________

Appointment:

Your office has arranged for the patient to see us on ____________ at ____________.
Date Time

Our office should call the patient to arrange for an appointment.

Reason for consultation:

: **LASIK** Evaluation - complimentary
: **Cataract Evaluation**
: **Glaucoma Evaluation**
: Diabetic Screening - anuually
: Sarcoid Screening - annually
: Plaquenil Screening - biannually
: Neurosurgical Screening
: Glaucoma Screening
: Blurry Vision
: Dry Eyes
: Itchy Eyes
: Irritated Eyes
: Headaches
: Tearing
: Crossed Eyes
: Flashers and/or Floaters
: Loss of Vision
: Eye or Eyelid Pain
: Eye or Eyelid Trauma
: Eyelid Lesion
: Droopy Eyelids
: Other - ____________________

Diagnostic Test Request:

: Visual Fields
: Pachymetry
: Fundus Photos
: OCT
: Retinal Angiography
: Axial Biometry
: Keratometry
: Other - ____________________

Additional Information and/or Instructions: ______________________________

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PLEASE FAX THIS FORM TO THE NUMBER ABOVE OR GIVE THIS FORM TO THE PATIENT TO BRING TO OUR OFFICE. THANK YOU VERY MUCH!

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