



Practice: \_\_\_\_\_  
 Doctor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**Referral Form for Cataract Surgery**

Dear Doctor: \_\_\_\_\_,

An appointment has been requested for the following patient to see you in your office in \_\_\_\_\_, for consideration for cataract surgery in the right / left / both eye(s). (Note Location)

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Family Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_ ID #: \_\_\_\_\_ Self-Pay

The most recent examination was on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Visual Complaints: \_\_\_\_\_

Most Recent Refraction: Sphere Cylinder Axis Prism Base Add Best Corrected Visual Acuity

Sphere	Cylinder	Axis	Prism	Base	Add
		X			
		X			

OD 20/\_\_\_\_\_  
 OS 20/\_\_\_\_\_

IOP: \_\_\_\_OD/\_\_\_\_OS

Ocular History:  Contact Lens Wearer  History of Refractive Surgery  History of Glaucoma  
*Send Visual Fields*

Other Pertinent Information: \_\_\_\_\_

- No, this will not be Co-Managed
- Yes, this will be Co-Managed

I have discussed Co-Management with the patient named above.

Referring Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Form completed by: \_\_\_\_\_

**APPOINTMENT SCHEDULING**

Please call patient to schedule, note appointment below and fax back to my office.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Provider: \_\_\_\_\_