Surgical and Medical Eye Care

Secondary Care Referral Form

Patient Name: **DOB:**	**Date of Last Dilated Exam: (92014/92004):**
Patient Address:	**Referring Doctor:**
Patient Phone:	**Referring Office:**

Patient Medical History:

☐ Cardiac Patient ☐ Diabetic ☐ Flomax Use

☐ LASIK/PRK Date: _____ ☐ Myopic

☐ Implantable Collamer® Lens (ICL) ☐ Hyperopic

☐ Other: _____ ☐ Macular Degeneration

Current Contact Lenses:
Date Last Worn: _____

☐ RGP ☐ Soft

☐ Distance Only: ☐ OD ☐ OS ☐ OU

☐ Multifocal: ☐ OD ☐ OS ☐ OU

☐ Monovision: Near Eye ☐ OD or ☐ OS

Cataract Surgery Evaluation	**Evaluation for Surgery**	**Consultation Requested**	**Testing Only**
☐ OD ☐ OS ☐ OU	☐ OD ☐ OS ☐ OU	☐ OD ☐ OS ☐ OU	☐ OD ☐ OS ☐ OU
Custom Cataract Surgery ☐ Multifocal ☐ Astigmatism ☐ Monovision: Near Eye ☐ OD or ☐ OS Post Sx Near Refractive Goal: _____ ☐ Same Day Requested if Possible **Surgical Glaucoma Treatment** ☐ Glaucoma ☐ Glaucoma Suspect Current Glaucoma Tx: _____ _____ Gonio Last Date: _____ ☐ Attached VF Last Date: _____ ☐ Attached ☐ Electronic OCT Last Date: _____ ☐ Attached ☐ Electronic Pachy Last Date: _____ ☐ Attached ☐ Electronic	☐ YAG Capsulotomy ☐ Selective Laser Trabeculoplasty ☐ Laser Peripheral Iridotomy ☐ Vitreolysis/ Floaters ☐ Pterygium ☐ Other: _____	☐ Blepharoplasty ☐ Cornea/ Prokera ☐ Diabetic Retinal Evaluation ☐ Glaucoma ☐ Macular Degeneration ☐ Other: _____	Interpretation ☐ With ☐ Without ☐ OCT ☐ Pachymetry ☐ Photography ☐ Topography ☐ Visual Fields ☐ Other: _____

Notes:

Post-Op Location:	**Post-Op Appointment Information** **Date& Time**
	First Eye ☐ OD ☐ OS
	Second Eye ☐ OD ☐ OS

Resumption of Care

The referring doctor is willing to continue treatment if the patient is stable and desires to resume care as follows:

☐ 1 Day Follow-Up
☐ 1 Week Follow-Up
☐ 3 Week Follow-Up
☐ 3 Month Follow-Up
☐ 6 Month Follow-Up
☐ 12 Month Follow-Up
☐ Other: _____
☐ Annual Comprehensive Exam with Refraction
☐ Continuance of Diabetic Retinopathy Follow-Up
☐ Continuance of Macular Degeneration Follow-Up
☐ Continuance of Glaucoma Care Follow-Up

☐ EyecCare Associates of South Tulsa
10010 E 81st Street
Tulsa, OK 74133
p. (918) 250-2020 f. (918) 893-9246

Referring Doctor's Initials/ Date:

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