



# The Eye Center

OF SOUTHERN INDIANA

## Request for Consultation Form

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient address: \_\_\_\_\_

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

City / Zip: \_\_\_\_\_

SSN: \_\_\_\_\_

### Insurance Information:

Primary Medical Insurance: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

*Please attach copy of medical insurance card*

### Consultation Requested For:

\_\_\_\_ Cataract (\_\_\_\_OD \_\_\_\_OS) **Did you discuss upgrades? (\_\_\_\_ Yes \_\_\_\_No) Comments:**

\_\_\_\_ Posterior Capsule Opacification (\_\_\_\_OD \_\_\_\_OS)

### Documentation needed for surgery:

\_\_\_\_ Impaired visual function due to cataract and a change in glasses prescription is not recommended. The patient needs cataract surgery.

\_\_\_\_ Impaired visual function due to posterior capsular opacification and a change in glasses prescription is not recommended. The patient needs YAG laser capsulotomy.

Best corrected VA OD \_\_\_\_/\_\_\_\_ with a refraction of \_\_\_\_\_

OS \_\_\_\_/\_\_\_\_ with a refraction of \_\_\_\_\_

\_\_\_\_ Glaucoma (Occludable angles? \_\_\_\_Yes \_\_\_\_No)

\_\_\_\_ Lid Lesion (\_\_\_\_OD \_\_\_\_OS)

\_\_\_\_ SLT &/or Durysta for POAG

\_\_\_\_ Blepharoplasty for 'Baggy lids'

\_\_\_\_ IVI for AMD (\_\_\_\_OD \_\_\_\_OS)

\_\_\_\_ Sudden loss of vision

\_\_\_\_ IVI &/or laser treatment for Diabetic Retinopathy

\_\_\_\_ Corneal problem

\_\_\_\_ Retinal problem :

\_\_\_\_ Refractive Surgery / LASIK

\_\_\_\_ Other

### Comanagement:

\_\_\_\_ Please comanage case with me if the patient prefers.

\_\_\_\_ I prefer no comanagement for this case, please.

### Referring Doctor:

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

R. Daniel Grossman, M.D.    Chad E. Huck, O.D.    Steven E. Holbrook, O.D.    Warren J. Chang, M.D.

Joseph M. Mackey, M.D.    Jason P. Gray, O.D.    Frank N. Hrisomalos, M.D.    Andrew H. Huck, M.D.

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