



**Patient Referral**

Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Method of Communication (circle one):      Email                      Fax                      Letter

Patient's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please check your doctor preference:**       *First Available*

- Mike Bollenbacher,OD    Teresa Carlson,OD    Thomas Cruse,OD    Isha Gupta,MD    Starck Johnson,MD
- Crystal Kasper,OD    Ketty Lee,OD    Robert Prouty,OD    Richard Stewart,MD    Carl Tubbs,MD

**Reason for Referral:** Chief Complaint, Ocular History, Visual Acuity, Intraocular Pressures, etc.

**Please Indicate:**

**InSight LASIK:**       Refractive Surgery Consult       Cross-Linking Consult       ICL Consult

**Insight Vision Group:**       One-time Consult       Diagnose and Treat This Problem       Co-manage

Follow patient along with me       Transfer Complete Management       I will follow for Routine Care Only

**Additional Services:**       Floater Treatment Consult       Serum Tears

**For Cataract Surgery Referrals Only:**       New technology IOLs, LenSx, and ORA were discussed with my patient and I recommend the following for my patient:

- Standard IOL    Toric Package    ReSTOR Package    PanOptix Trifocal Package    Crystalens Package
- Trulign Toric-Accommodating Package    Symphony Package       LenSx    ORA    LenSx and ORA
- Distance Eye is  OD    OS       Monovision Near Eye:  OD  OS      Near Eye Target: \_\_\_\_\_
- Who does post op Cataract care?    Referring OD    Surgeon's office
- Secondary Cataract YAG Treatment    OD    OS

**If you would like us to do testing only, please circle what you would like done:**

With Interpretation Diagnosis Code: \_\_\_\_\_       Without Interpretation Diagnosis Code: \_\_\_\_\_

Visual Fields:                      Humphrey 24-2 - Humphrey 10-2

Nerve Fiber Analysis: Cirrus (Zeiss) or Avanti (OptoVue) OCT of ONH & macula scan (GCC)

Other:                                  Pentacam - Avanti Angle OCT Scan - Digital Fundus Photos – Immersion A-Scan  
IOL Master High Resolution B-Scan – LenStar - High End Resolution B-Scan  
Endothelial Cell Count

**InSight LASIK**

**Parker - P: 720.880.6455   F: 720.880.6460      Boulder - P: 303.402.1000   F: 303.593.2199**

**Insight Vision Group**

**Parker - P: 303.794.1111   F: 303.347.1341      Lowry - P: 303.671.0000   F: 303.671.2879**

**Boulder - P: 303.402.1000   F: 303.593.2199**

**Fort Collins and Longmont - P: 303.485.1516   F: 303.776.1110**