



Patient Referral

Date: Doctor's Name: Phone: Contact Email: Fax: Preferred Method of Communication (circle one): Email Fax Letter Patient's Name: Phone: DOB: Insurance: Member ID: Group Number: Phone number for Providers :

Please check your doctor preference:

- Mike Bollenbacher,OD Teresa Carlson,OD Thomas Cruse,OD Heather Gitchell,OD Isha Gupta,MD Starck Johnson,MD Crystal Kasper,OD Ketty Lee,OD Richard Stewart,MD First Available

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: 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 Package Vivity Package Crystalens Package Trulign Toric-Accommodating Package Symphony Package LenSx 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 Vision Group Parker, Yale and Lowry - P: 720.458.4013 F: 720.306.5411 Boulder and Longmont - P: 303.402.1000 F: 303.593.2199 InSight LASIK Parker - P: 720.880.6455 F: 720.880.6460 Boulder - P: 303.402.1000 F: 303.593.2199