



INSIGHT VISION GROUP

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:

☐ **Lone Tree, Arvada, Denver, Littleton** ☐ Howard Amiel MD ☐ Teresa Carlson OD ☐ Thomas Cruse OD
☐ Crystal Kasper OD ☐ Greg Kouyoumdjian MD* ☐ Starck Johnson MD ☐ Stephanie Muylaert MD
☐ *First Available*

☐ **Boulder, Longmont** ☐ Mike Bollenbacher, OD ☐ Heather Gitchell, OD ☐ Shipra Gupta, MD
☐ 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 ☐ Advanced Dry Eye ☐ Vitreolysis

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 ☐ PanOptix Package ☐ Vivity Package
☐ Crystalens Package ☐ Trulign Toric-Accommodating 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 Lone Tree, Arvada, and Denver Yale - P: 720.458.4013 F: 720.306.5411

***Littleton** - P: 303.991.9662 F: 303.991.9647 **Boulder and Longmont** - P: 303.402.1000 F: 303.593.2199

InSight LASIK Lone Tree - P: 720.880.6455 F: 720.880.6460 **Boulder** - P: 303.402.1000 F: 303.593.2199