



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: _____

Please check your doctor preference:

- Savannah Brunt, OD Teresa Carlson, OD Starck Johnson, MD Crystal Kasper, OD Ketty Lee, OD
 Tom Politzer, OD Robert Prouty, OD Richard Stewart, MD Carl Tubbs, 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

For Cataract Surgery Referrals Only:

- New technology IOLs, LenSx, and ORA were discussed with patient
 I recommend the following for my patient:
 Standard IOL Toric Package Restor Package LenSx ORA LenSx and ORA
 Trulign Toric-Accommodating Package Crystalens Package
 Monovision: Distance eye is OD OS Mono Target: _____

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

- Visual Fields: Humphrey 24-2 - SWAP - Goldmann - FDT - Matrix
 Nerve Fiber Analysis: Cirrus (Zeiss) or Avanti (OptoVue) OCT of ONH & macula scan (GCC)
 Other: Avanti Angle OCT Scan - Digital fundus photos – Immersion A-scan – IOL master
 High Resolution B-scan – Endothelial Cell Count – Pentacam – Visante OCT

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 Longmont ~ P: 303.485.1516 F: 303.776.1110
Fort Collins ~ P: 303.485.1516 F: 303.776.1110 Lakewood ~ P: 303.794.1111 F: 303.347.1341