



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:

- Teresa Carlson, OD Starck Johnson, MD Crystal Kasper, OD Ketty Lee, OD Mike Bollenbacher, OD
- Robert Prouty, OD Richard Stewart, MD Carl Tubbs, MD Thomas Cruse, OD *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: LipiFlow Dry Eye 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 LenSx ORA LenSx and ORA
- Trulign Toric-Accommodating Package Crystalens Package Symphony Package
- Monovision: Distance Eye is OD OS Mono 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:

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

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

Fort Collins and Longmont - P: 303.485.1516 F: 303.776.1110