CONSULTATION REQUEST FORM

Please call my patient and schedule a consultation based on the information provided below

Referring Doctor Name

Referring Doctor Phone Number

Referring Doctor Address

Referring Doctor Fax Number

Patient Name

Date Examined

Patient Phone Number

Patient Date of Birth

Primary Insurance

Policy Number

Secondary Insurance

Policy Number

☐ Urgent

☐ Next Available

Primary Treatment

The above patient is being referred for evaluation and consultation regarding

☐ Cataract ☐ Yes, Co-Manage

☐ Cloudy Capsule/Post-op Problem

☐ Glaucoma Suspect/Workup

☐ LASIK/ICL ☐ Yes, Co-Manage

☐ Cornea

☐ Eyelid/Oculoplastic

☐ Glaucoma Surgeon Consult

☐ Retina

☐ Other _____

☐ Cosmetic Consult

Most recent refraction OD _____

Date _____ OS _____

BVA OD 20/ _____

OS 20/ _____

IOP OD _____ Time _____ ☐ AM ☐ PM

OS _____ ☐ NCT ☐ Goldman ☐ Other

Vantage Eye Center Location Preference

☐ Monterey - Cass St. ☐ Monterey - Ryan Ranch ☐ Salinas - Abbott St. ☐ Closest to patient

Please fax this form and notes to 831-424-7835

VANTAGE EYE CENTER

Our staff will contact your patient to schedule an appointment. To schedule an appointment immediately, please call Cass St: 831-375-9876, Ryan Ranch: 831-647-3900, or Salinas: 831-771-3900.