



**INSIGHT VISION GROUP**

## **Glaucoma Patient Referral**

Date: \_\_\_\_\_

Referring Doctor's Name (Print): \_\_\_\_\_

Referring Doctor's Address (Print): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance: \_\_\_\_\_ Member ID: \_\_\_\_\_

Group Number: \_\_\_\_\_ Phone number for Providers : \_\_\_\_\_

Records being sent: Fields -- Nerve Scans -- IOP history -- Medication Hx (include specifics)

(Note: Please mail color data such as OCT scans and other materials that do not fax well. The patient can hand deliver the color data if needed, yet receipt of records before the patient visit will expedite the consultation and treatment plans. For emergency consultations, please call directly and ask our doctor to be interrupted).

**Please check your doctor preference:** ☐ *First Available*

☐ **Lone Tree, Arvada, Denver** ☐ Teresa Carlson, OD ☐ Tom Cruse, OD

☐ Katie Goldhair, MD ☐ Stephanie Muylaert, MD

☐ **Boulder, Longmont** ☐ Heather Gitchell, OD ☐ Shipra Gupta, MD ☐ Richard Stewart, MD

**Reason for Referral** (Please be specific: IOP too high? vision loss? OAG suspect? Surgery needed?):

---

---

---

---

**Coordination of Glaucoma care:**

☐ One-time consult ☐ Diagnose and treat this problem ☐ Co-manage

☐ Transfer complete management ☐ I will follow for routine care only ☐ Other

**For testing only, please circle desired testing:**

☐ With Interpretation Diagnosis Code: \_\_\_\_\_ ☐ Without Interpretation Diagnosis Code: \_\_\_\_\_

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

☐ NFL / Macula: Zeiss ONH, Zeiss Macula, Zeiss GCC

☐ Other: Pentacam - Fundus Photos - Immersion A-Scan, Argos, B-Scan - LenStar - OCT Cornea Cross-Section

**Lone Tree, Arvada and Denver Yale - P: 720.458.4013 F: 720.306.5411**

**Boulder, Longmont and Thornton - P: 303.402.1000 F: 303.593.2199**