

Data:

Patient Referral

Date			
Doctor's Name:	's Name: Phone:		
Contact Email:	Fax:		
Preferred Method of Communication (circle one):	Email	Fax	Letter
Patient's Name:	Phone:	DOB	3:
Insurance:	Member ID:		
Group Number: Phon	: Phone Number for Providers :		
Please check your doctor preference:			
\square Howard Amiel, MD \square Mike Bollenbacher, OD \square	∃Teresa Carlsoı	n, OD Thomas Crus	se, OD
□Heather Gitchell, OD □Isha Gupta, MD □Star	ck Johnson, MI) □Crystal Kasper, C	DD □Ketty Lee, OD
□Richard Stewart, MD □ First Available			
Reason for Referral: Chief Complaint, Ocular	r History, Visu	al Acuity, Intraocular	r Pressures, etc.
Please Indicate:			
InSight LASIK: □ Refractive Surgery Co	onsult 🗆 C	ross-Linking Consult	☐ ICL Consult
Insight Vision Group: □ One-time Consult	☐ Diagnose	and Treat This Probler	m □ Co-manage
☐ Follow patient along with me ☐ Transfer Cor	_		_
Additional Services: ☐ Serum Tears ☐			ior reduine danc only
Additional Scivices:	- Advanced Di		
For Cataract Surgery Referrals Only:	_		RA were discussed
with my patient and I recommend the following	· .		it. De also e a
☐ Standard IOL ☐ Toric Package ☐ ReSTOR	_		, -
☐ Crystalens Package ☐ Trulign Toric-Accommo			
☐ Who does post op Cataract care? ☐ Referri		-	raiget.
☐ Secondary Cataract YAG Treatment ☐ OD	_	jeon's omee	
·		hat van wand lik	o dono.
If you would like us to do testing only, pl		-	<u> </u>
☐ With Interpretation Diagnosis Code: Visual Fields: Humphrey 24-2 - Hu		t Interpretation Diagno	osis Code:
Nerve Fiber Analysis: Cirrus (Zeiss) or Avan		CT of ONH & macula so	can (GCC)
Other: Pentacam - Avanti Ar	igle OCT Scan -	Digital Fundus Photos	s – Immersion A-Scan
IOL Master High Reso		- LenStar - High End R	esolution B-Scan

InSight Vision Group Lone Tree, Arvada, Yale and Lowry - P: 720.458.4013 F: 303.306.5411

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