

## **Patient Referral**

Date				
Doctor's Name:	Phone:			
Contact Email:	Fax:			
Preferred Method of Communication (circle one):	: Email		Fax	Letter
Patient's Name:	Phone:		DOE	3:
Insurance:	Member ID:			
Group Number:Pho	Phone Number for Providers :			
Please check your doctor preference:				
□ Lone Tree, Arvada, Denver, Littleton □ H  □ Katie Goldhair, MD □ Nate Pecha, OD □ Gree □ Stephanie Muylaert, MD □ First Available □ Boulder, Longmont, Thornton □ Mike Bolle □ Ketty Lee, OD □ Richard Stewart, MD □ First Reason for Referral: Chief Complaint, Ocular Hist	g Kouyoumdji enbacher, OD <i>Available</i>	an, MD □Star	rck Johnson, Ml	D
Last Refraction: OD				
Insight Vision Group: ☐ One-time Consult				
☐ Follow patient along with me ☐ Transfer Co	omplete Man	agement 🗆 🗆	I will follow fo	r Routine Care Only
<u>Additional Services</u> : ☐ Serum Tears	-			-
For Cataract Surgery Referrals Only:  with my patient, and I recommend the follow  □ Standard IOL □ Toric Package □ PanOp  □ LenSx □ ORA  □ Distance Eye is □ OD □ OS □ Monovis	wing for my otix Package	patient:	ckage □ Rx	LAL □ Rx LAL Plus
☐ Who does post op Cataract care? ☐ Referri	•		•	u. get
☐ Secondary Cataract YAG Treatment ☐ OD	_	_		s YAG □ OD □ OS
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If you would like us to do testing only,  ☐ With Interpretation Diagnosis Code:  Visual Fields: Humphrey 24-2 - Humph  NFL / Macula: Zeiss ONH, Zeiss Macula, Z  Other: Pentacam - Fundus Photos - Im	□ W nrey 10-2 - N Zeiss GCC	/ithout Interp /irtual Reality	retation Diagr Test Requeste	nosis Code:d:

Insight Vision Group Lone Tree, Arvada, and Denver Yale - P: 720.458.4013 F: 720.306.5411

Littleton - P: 303.991.9662 F: 303.991.9647

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

<u>Insight LASIK</u> Lone Tree - P: 720.880.6455 F: 720.880.6460 <u>Boulder</u> - P: 303.402.1000 F: 303.593.2199