



Patient Referral

Date: Doctor's Name: Phone: Contact Email: Fax: Preferred Method of Communication (circle one): Email Fax Letter Patient's Name: Phone: DOB: Insurance: Member ID: Group Number: Phone Number for Providers :

Please check your doctor preference:

- Checkboxes for doctor preferences: Lone Tree, Arvada, Denver; Boulder, Longmont; and various doctors including Howard Amiel, MD, Teresa Carlson, OD, Thomas Cruse, OD, etc.

Reason for Referral: Chief Complaint, Ocular History, Visual Acuity, Intraocular Pressures, etc.

Please Indicate:

- Checkboxes for InSight LASIK and InSight Vision Group options: Refractive Surgery Consult, Cross-Linking Consult, ICL Consult, One-time Consult, etc.

Additional Services: Serum Tears, Advanced Dry Eye

For Cataract Surgery Referrals Only: New technology IOLs, LenSx, and ORA were discussed with my patient and I recommend the following for my patient:

- Checkboxes for cataract surgery options: Standard IOL, Toric Package, ReSTOR Package, PanOptix Package, Vivity Package, etc.

If you would like us to do testing only, please circle what you would like done:

- Checkboxes for testing options: With Interpretation Diagnosis Code, Without Interpretation Diagnosis Code, Visual Fields, Nerve Fiber Analysis, etc.

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