

**PATIENT REFERRAL**  
Attention: Whitney Strah



**Fax: (303) 444-3226**  
**Email: [referrals@bouldereyesurgeons.com](mailto:referrals@bouldereyesurgeons.com)**  
**Please call (303) 444-3000 for urgent referral**

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

**Doctor preference:**

- Donald Keller, MD     Brian Nichols, MD PhD     Kevin Cuevas, MD     First Available

**Patient needs to be seen:**

- Emergency                       Within 24 hours                       Within 1 week                       Next Available

**Referring Doctor:** \_\_\_\_\_

Practice Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Preferred:  Fax  Email  Phone

**Patient Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_

**Chief Complaint:** \_\_\_\_\_

**\*Do you wish to co-manage this patient?**  Yes  No

**Cataract Evaluation**

- Discussed Femtosecond Laser
- Discussed Accommodating IOL
- Discussed Symfony IOL
- Discussed Toric IOL

**YAG Evaluation**

- Corneal Evaluation
- Glaucoma Evaluation
- Retinal Evaluation

**TESTING**    Diagnosis code for billing: \_\_\_\_\_ Include Interpretation?  Yes  No

Pentacam/Topography

OCT Scan                       Optic Nerve                       Macula

Visual Field                       10-2                       24-2                       30-2                       Superior Fields

Last Manifest Rx:    OD: \_\_\_\_\_ OS: \_\_\_\_\_ BCVA OD: \_\_\_\_\_ OS: \_\_\_\_\_

IOP:                      OD: \_\_\_\_\_ OS: \_\_\_\_\_                       NCT                       Applanation

Additional Notes: \_\_\_\_\_