

PATIENT REFERRAL

Attention: Megan Sheeley



Fax: (303) 444-3226

Email: 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: _____