



MEDICAL EYE ASSOCIATES S.C.
OCULOPLASTIC SURGEON
CAROLINE HALBACH, MD

NON-URGENT REFERRAL FORM

URGENT REFERRALS: PLEASE CALL (262) 547-3352. PRESS #1 TO SPEAK WITH REPRESENTATIVE URGENTLY. AFTER HOURS, PRESS #4 FOR THE ON-CALL PHYSICIAN.

INSTRUCTIONS: FAX TO 262-650-6064 or 262-547-9142 along with any relevant clinic notes, surgical reports, imaging, and diagnostic testing results.

Patient Name (Last, First, M.I.): [] M [] F DOB:

Patient Phone #: Patient Address:

Referring Doctor: Date of Patient's Last Visit:

Referring Doctor Phone #: Referring Doctor Fax #:

PATIENT REFERRAL INFORMATION

Table with 6 columns: Ocular findings, Date, Refraction, VA, IOP, C/D. Rows for OD and OS.

Reason for referral:

Grid of checkboxes for various procedures: Blepharoplasty, Ptosis Repair, Eyelid Lesion Removal, etc.

Requesting to be seen: [] Within 3 days [] Within 1 week [] Within 1 month [] Patient Preference [] Other:

CLINIC LOCATIONS

Please circle location below for preferred location:

Table with 3 columns: Waukesha Office, Wauwatosa Office, Oconomowoc Office.

UPCOMING LOCATION CHANGE: OUR WAUKESHA OFFICE IS RELOCATING TO A LARGER CLINIC SPACE JANUARY 2024 TO N1923993 RIDGEVIEW PARKWAY STE 100, WAUKESHA, WI 53188