

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						
Ocular findings:	Date	Refraction V	A	[OP	C/D	
□ OD :						
□ OS :						
Reason for referral:						
Blepharoplasty		🗆 Ptosis Repair	🗆 Ptosis Repair		Eyelid Lesion Removal	
Tearing/disorde	ers of Lacrimal syst	em 🗆 Enucleation				
Orbital Tumor	Removal/Biopsy	Entropion or Ec	Entropion or Ectropion Repair		Orbital Fracture Repair	
Dacryocystorhi	nostomy (DCR)	Eyelid Cancer R	Eyelid Cancer Reconstruction		Canthoplasty	
Derm Filler		□ Botox	🗆 Botox		Other:	
Requesting to be seen:						
🗆 Within 3 days	□ Within 1 wee	k 🛛 🗆 Within 1 month	Patient Preference	Other:		
CLINIC LOCATIONS						
Please circle location below for preferred location:						
<u>Waukesha Office</u> 1111 Delafield St. Ste 312 Waukesha, WI 53188		201 N. Mayfai	<u>Wauwatosa Office</u> 201 N. Mayfair Rd. Ste 525 Wauwatosa, WI 53226		Oconomowoc Office 1185 Corporate Center Dr Ste 210 Oconomowoc, WI 53066	
UPCOMING LOCATION CHANGE: OUR WAUKESHA OFFICE IS RELOCATING TO A LARGER CLINIC SPACE JANUARY 2024 TO N1923993 RIDGEVIEW PARKWAY STE 100, WAUKESHA, WI 53188						