



MEDICAL EYE ASSOCIATES S.C.
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 eye conditions: Cataract Evaluation/Surgery, Glaucoma Evaluation/Surgery, Intravitreal Injection, OCT, Topography, Dry Eyes, Diabetic Eye Exam, Diabetic Retinopathy, Blepharoplasty, Anterior Segment OCT, Contact Lens Fitting, Tearing, Lacrimal System, Routine Eye Exam, Macular Degeneration, SLT, Yag Laser, or Argon, Visual Field, Pachymetry, Other.

Requesting to be seen:

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

REQUESTING APPOINTMENT WITH

[] First Available Appointment/No Preference

Grid of checkboxes for physician appointments: Caroline Halbach, MD (Oculoplastic Surgeon), Deborah Bernstein, MD (Medical & Surgical Comprehensive Ophthalmology), Katherine Dalzotto, MD (Medical & Surgical Comprehensive Ophthalmology), Joanne Rentmeester, OD (Optometry), Jessica Schrieber, MD (Medical & Surgical Comprehensive Ophthalmology/Glaucoma), Douglas Long, MD (Medical & Surgical Comprehensive Ophthalmology), Carolyn Butler, MD (Medical Comprehensive Ophthalmology), Sommer Sheikh, OD (Optometry).

Please circle location below for preferred location:

Three columns of office addresses: Waukesha Office, Wauwatosa Office, Oconomowoc Office.