Anaheim Eye

Consultation Request

REFERRING DOCTOR

Name: _____

Phone: _____

Date of Exam: _____

PATIENT INFORMATION

Name: _____

Phone: _____

Date of Exam: _____

REASON FOR CONSULTATION ☐ OD ☐ OS ☐ OU

☐ Cataract evaluation ☐ YAG laser evaluation ☐ Other _____

For cataract evaluation, please provide:

Recommended refractive error outcome: OD _____ OS _____ Prior refractive surgery? ☐ OD ☐ OS

IOL preference: ☐ Undetermined ☐ Single-focus

Premium IOL options:

☐ Single-focus Toric ☐ Trifocal (Panoptix) ☐ Trifocal (Panoptix) Toric ☐ Symfony

☐ The patient is aware of extra premium IOL services and costs.
☐ I have completed extra IOL counseling and testing to help confirm the patient's candidacy.
☐ The patient wishes to return to my care for the extra post-op care as soon as their condition is stable.

Corneal stability: ☐ Soft lens wearer ☐ RGP lens wearer ☐ Advised to leave contacts out _____ weeks before PCLI exam.

IMPORTANT NOTE: *For accurate surgery, soft lenses must be left out at least 7 days prior and RGPs at least 3 weeks prior, or until corneal stability is confirmed.*

CLINICAL FINDINGS

	OD	OS
Dominant eye	☐	☐
Refraction (date _____)	_____ 20/ _____	_____ 20/ _____
IOP: ☐ Air ☐ Applanation ☐ Other	_____ mm Hg	_____ mm Hg

Relevant exam findings _____

Recommendation to patient _____

APPOINTMENT

☐ I have scheduled this patient to be seen at on: (date) _____ at (time) _____
☐ I would like AEI to phone this patient to schedule an appointment.
☐ Contact patient about possible AEI transportation. They understand shuttle service is limited to cataract and YAG surgery patients with transportation challenges within reasonable driving distance.

Signed *(Referring Doctor)* _____