

EYE SURGEONS



OF INDIANA

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CATARACT SURGERY
Paul F. Cacchillo, MD
Anthony J. Lombardo, MD, PhD
Michael G. Orr, MD
Kevin L. Waltz, OD, MD

COMPREHENSIVE OPHTHALMOLOGY
Paul F. Cacchillo, MD
Richard B. Rich, MD

DRY EYE CONSULTATION & TREATMENT
Richard B. Rich, MD

CORNEAL SURGERY
Anthony J. Lombardo, MD, PhD

GLAUCOMA SURGERY
Paul F. Cacchillo, MD

OCULOPLASTIC SURGERY
Kevin L. Waltz, OD, MD

**REFRACTIVE SURGERY CONSULTATION
& MEDICAL CONSULTATIVE OPTOMETRY**
Sarah A. Huseman, OD
Brenda J. Wahl, OD

REFRACTIVE SURGERY
Anthony J. Lombardo, MD, PhD
Michael G. Orr, MD
Kevin L. Waltz, OD, MD

RETINAL CONSULTATIVE OPTOMETRY
Damon S. Dierker, OD

VITREO-RETINAL SURGERY
Jan Hummer, OD, MD

PATIENT REFERRAL TO EYE SURGEONS OF INDIANA

PATIENT DATA

REFERRAL DATE: ____ / ____ / ____

PATIENT NAME: _____

AGE: _____

CITY: _____

PHONE: _____

REFERRAL INFORMATION

REFERRAL TO:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Paul F. Cacchillo, MD | <input type="checkbox"/> Sarah A. Huseman, OD | <input type="checkbox"/> Richard B. Rich, MD | <input type="checkbox"/> First Available Spot |
| <input type="checkbox"/> Damon S. Dierker, OD | <input type="checkbox"/> Anthony J. Lombardo, MD, PhD | <input type="checkbox"/> Brenda J. Wahl, OD | |
| <input type="checkbox"/> Jan Hummer, OD, MD | <input type="checkbox"/> Michael G. Orr, MD | <input type="checkbox"/> Kevin L. Waltz, OD, MD | |

THE PATIENT IS BEING REFERRED FOR:

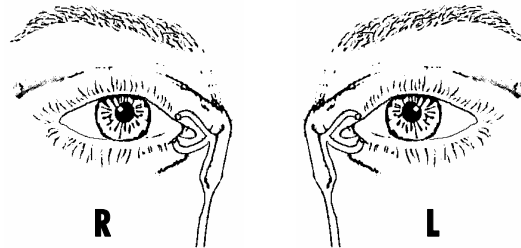
- | | | | |
|--|--|---|--|
| <input type="checkbox"/> No-Stitch Cataract Evaluation | <input type="checkbox"/> Keratitis/Ulcer | <input type="checkbox"/> Topography | <input type="checkbox"/> PRELEX Vision Correction Consultation |
| <input type="checkbox"/> Retinal Consultation | <input type="checkbox"/> Tearing Evaluation | <input type="checkbox"/> YAG Laser Capsulotomy | <input type="checkbox"/> Cosmetic Eyelid Surgery Evaluation |
| <input type="checkbox"/> Dry Eye Evaluation/Treatment | <input type="checkbox"/> Glaucoma Evaluation/Treatment | <input type="checkbox"/> Droopy Eyelids | <input type="checkbox"/> Cornea Evaluation |
| <input type="checkbox"/> Diabetic Evaluation/Treatment | <input type="checkbox"/> Eyelid Mass | <input type="checkbox"/> Optic Nerve Evaluation | <input type="checkbox"/> Conjunctivitis |
| <input type="checkbox"/> ARMD Consultation | <input type="checkbox"/> _____ | | |

COMMENTS:

EXAMINATION INFORMATION

SYMPTOMS:

- | | |
|--|---|
| <input type="checkbox"/> Decreased Vision | <input type="checkbox"/> Foreign Body Sensation |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Discharge |
| <input type="checkbox"/> Increased IOP | <input type="checkbox"/> Red Eye |
| <input type="checkbox"/> Eyelid Growth | <input type="checkbox"/> Night Vision Problems |
| <input type="checkbox"/> Visual Field Impairment | <input type="checkbox"/> Flashes/Floaters |



CO-MANAGEMENT (IF APPLICABLE)

CO-MANAGEMENT:

- Yes, I want to co-manage this patient No, I don't want to co-manage this patient

APPROXIMATE PREFERRED TRANSFER PERIOD:

- 1 Day 10 Days 1 Week 2 Weeks 3 Weeks 4 Weeks Other _____

OTHER INFORMATION

REFERRED BY:

_____ OD MD DO

PHONE: _____

COMMENTS:

INDIANAPOLIS
8103 Clearvista Parkway
Indianapolis, Indiana 46256
317.845.9488 T
317.579.7440 F

GREENFIELD
1 Memorial Square, Suite 205
Greenfield, Indiana 46140
317.462.2020 T
317.462.3459 F

GREENSBURG
967 North Michigan Avenue
Greensburg, Indiana 47240
812.662.8488 T
812.662.8788 F

ANDERSON
1603 South Scatterfield Road
Anderson, Indiana 46016
765.644.2020 T
765.644.2024 F

TLC LASER CENTER
5875 Castle Creek Pkwy., Ste. 136
Indianapolis, Indiana 46250
317.845.2020 T
317.570.2254 F

SURGICAL CARE CENTER
8103 Clearvista Parkway
Indianapolis, Indiana 46256
317.842.5173 T
317.570.7429 F