



Please fax or email form and insurance card to 317.579.7435/referrals@esi-in.com

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|--|--|--|--|
| <input type="checkbox"/> Kaitlyn Baskerville, OD | <input type="checkbox"/> Chad Herschberger, OD | <input type="checkbox"/> Wade Kimmell, OD          | <input type="checkbox"/> Michael Orr, MD               |
| <input type="checkbox"/> Christine Bolton, OD    | <input type="checkbox"/> Michael Hodkin, MD    | <input type="checkbox"/> Anthony Lombardo, MD, PhD | <input type="checkbox"/> Ahmar Sajjad, MD              |
| <input type="checkbox"/> Paul Cacchillo, MD      | <input type="checkbox"/> Patrick Hopen, MD     | <input type="checkbox"/> Michelle McKamey, OD      | <input type="checkbox"/> Branden Shaffer, OD           |
| <input type="checkbox"/> Lauren Davis, OD        | <input type="checkbox"/> Jessica Hults, OD     | <input type="checkbox"/> Melissa Melott, OD        | <input type="checkbox"/> Karen Skurner, OD             |
| <input type="checkbox"/> Damon Dierker, OD, FAAO | <input type="checkbox"/> Jan Hummer, OD, MD    | <input type="checkbox"/> Nathan Morrow, OD, FAAO   | <input type="checkbox"/> James Stewart, OD, FAAO       |
|  |  |  | <input type="checkbox"/> <b>First Available Doctor</b> |

**PATIENT INFORMATION** (all patient information required)

<b>Patient Name</b> _____	<b>Date of Referral</b> _____
<b>Patient Address</b> _____	<b>DOB</b> _____
<b>City</b> _____	<b>State</b> _____ <b>ZIP</b> _____
<b>Email</b> _____	<b>Patient Phone</b> _____
<b>Medical Insurance</b> _____	<b>Member ID</b> _____
<b>Referring Doctor</b> _____	<b>Practice Location</b> _____
<b>Preferred Office</b> <input type="checkbox"/> Indianapolis <input type="checkbox"/> Greenfield <input type="checkbox"/> Anderson <input type="checkbox"/> Greenwood <input type="checkbox"/> Lafayette <input type="checkbox"/> Muncie <input type="checkbox"/> Kokomo	

**CATARACT REFERRAL** Cataract co-manage? ☐ Yes, with patient consent if medically appropriate ☐ No

**Patient may benefit from the following advanced technology (check all that apply)**

- ☐ Astigmatism treatment ☐ Presbyopia-correcting IOL/multifocal
- ☐ Light Adjustable Lens (LAL) ☐ MIGS/glaucoma treatment *please send visual field performed within past year*

**Refractive Target** OD \_\_\_\_\_ OS \_\_\_\_\_

**History** Previous LASIK/PRK ☐ Yes ☐ No

Contact Lens Use ☐ Yes ☐ No *d/c at least 1 week prior to consultation, 3 weeks for RGPs*

Monovision ☐ Yes ☐ No

**SURGICAL & CONSULTATIVE REFERRAL**

- YAG Capsulotomy** ☐ OD ☐ OS
- SLT Evaluation** ☐ OD ☐ OS *please send recent visual field/exam notes for past 1 year*
- KCN/Cross-linking** ☐ Evaluation *please send K's/refractions/exam notes for past 2 years*
- Cornea** ☐ First available \_\_\_\_\_
- Dry Eye** ☐ Evaluation/assume care ☐ Second opinion/in-office treatment only
- Glaucoma** ☐ Evaluation/assume care ☐ Second opinion ☐ Possible narrow angles
- Retina Evaluation** ☐ First available \_\_\_\_\_ *initial evaluation with OD*
- Retina Treatment** ☐ DME ☐ PDR ☐ wet AMD ☐ BRVO/CRVO *please email photos/OCT/exam notes (required)*
- Other** ☐ First available \_\_\_\_\_

Questions? Urgent referral? Please call Referral Concierge at 317.841.2028

**COMMENTS**

## Eye Surgeons of Indiana Locations



### Indianapolis

9202 North Meridian Street  
Indianapolis, IN 46260



### Lafayette

1400 Teal Road  
Suite 8  
Lafayette, IN 47905



### Greenfield

740 West Green Meadows Drive  
Suite 310  
Greenfield, IN 46140



### Muncie

5091 West Bethel Avenue  
Suite 150  
Muncie, IN 47304



### Anderson

1603 South Scatterfield Road  
Anderson, IN 46016



### Kokomo

2302 South Dixon Road  
Suite 100  
Kokomo, IN 46902



### Greenwood

533 East County Line Road  
Suite 210  
Greenwood, IN 46143

Scan QR code for location map  
Ph: 317.841.2020