



---

## ORDERING FORM

Name: \_\_\_\_\_

Practice Location: \_\_\_\_\_  
\_\_\_\_\_

### BROCHURES

Quantity	Item
_____	Eye Surgeons of Indiana Patient Brochures
_____	Eye Surgeons of Indiana LASIK Patient Brochures
_____	Refractive Lens Exchange Brochure
_____	Light Adjustable Lens Brochures
_____	Corneal Cross-Linking Brochure
_____	Visian ICL Brochure

### REFERRAL FORMS

_____	Patient Referral Form Pad (25 forms per pad)*
_____	Refractive Surgery Referral Form (25 forms per pad)*

### APPOINTMENT CARDS

_____	Appointment Card Pads (25 cards per pad)
_____	LASIK Center Appointment Card Pads (25 cards per pad)

### OTHER

_____	Co-Management Binder
_____	Quick Summary Guide
_____	Pricing Guide
_____	Cataract Options Sheet

\*Form is available on our website at: [www.eyesurgeonsofindiana.com](http://www.eyesurgeonsofindiana.com) under Referring Physicians tab

Please fax completed Order Form to Lynn | Fax: 317-570-7433