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## ORDERING FORM

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

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

**Quantity Item**

- \_\_\_\_\_ Eye Surgeons of Indiana Patient Brochures
- \_\_\_\_\_ Patient Referral Form Pad (25 forms per pad)\*
- \_\_\_\_\_ Pricing Guide
- \_\_\_\_\_ Quick Summary Guide
- \_\_\_\_\_ Co-Management Binder
- \_\_\_\_\_ Appointment Card Pads (50 cards per pad)
- \_\_\_\_\_ Light Adjustable Lens Brochures
- \_\_\_\_\_ Light Adjustable Lens FAQ
- \_\_\_\_\_ Refractive Lens Exchange Brochure
- \_\_\_\_\_ Visian ICL Brochure
- \_\_\_\_\_ Cataract Options Sheet
- \_\_\_\_\_ Corneal Cross-Linking Brochure
- \_\_\_\_\_ Corneal Cross-Linking Referral Form Pad (25 forms per pad)\*
- \_\_\_\_\_ Same Day SLT Referral Form Pad (25 forms per pad)\*

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

**SUBMIT**

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