EYE SURGEONS of INDIANA

PATIENT REFERRAL FORM

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☐ Paul F. Cacchillo, MD	☐ Damon S. Dierker, OD, FAAO	☐ Patrick B. Hopen, MD ☐ Jan M	Hummer, OD, MD 🔲 Sarah A. Huseman, OD
☐ Anthony J. Lombardo, MD, PhD	☐ Michael G. Orr, MD	☐ Philip W. Shaffer, OD	☐ First Available Doctor
PATIENT NAME:			DOB:
PATIENT PHONE:			REFERRAL DATE:
MEDICAL INSURANCE:			☐ APPOINTMENT MADE
PREFERRED OFFICE: ☐ Indi			APPOINTMENT MADE
REFERRED BY:			□ PLEASE CALL PATIENT
	:		TO SCHEDULE EVALUATION
REASON FOR REFERRAL:			
☐ Cataract Evaluation Suggested refractive target: © Previous LASIK/PRK If Yes, is refractive history availa	☐ Yes ☐ No	☐ YAG Laser Capsulotomy☐ PRELEX EvaluationCo-management:	□ Retina Evaluation□ Assume retina care□ Opinion on management□ Macular degeneration
Co-management of Cataract PO care: ☐ Yes, Medicare & I am a provider ☐ Yes, Commercial insurance recognizing co-management & I am a provider		□ Yes □ No	☐ Diabetic retinopathy
		□ Phakic IOL EvaluationCo-management:□ Yes □ No	□ Diabetic Eye Examination□ Optic Nerve Evaluation
 No, I prefer not to co-manage Patient would likely benefit from: □ Astigmatism treatment □ Multifocal IOL □ Monovision □ ECP/MIGS for glaucoma 		☐ Glaucoma Evaluation☐ Assume glaucoma care☐ Opinion on management☐ Consider SLT	
			nt 🗆 Cornea Evaluation
Co-management of Refractive PO care: (e.g. astigmatism treatment/multifocal) ☐ Yes ☐ No			☐ Ocular Surface Evaluation☐ Consider LipiFlow☐ Consider Prokera
Filled in by EYE SURGEO of INDIAN per the Matrix ar confirmed at the or	nd		R L



☐ Complimentary Door-to-Door **Transportation Needed on Day of Surgery**

