

**Patient Referred to:**

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- Steven M. Silverstein, MD       Kelsey J. Kleinsasser, OD

**Request For Consultation**

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Patient Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home (    ) - \_\_\_\_\_ Work (    ) - \_\_\_\_\_

Mobile (    ) - \_\_\_\_\_ E-mail \_\_\_\_\_

Insurance \_\_\_\_\_

**Reason for Consultation / Referral**

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- Acute Care       Glaucoma Evaluation  
 Corneal Evaluation       Retinal Evaluation  
 Cataract / PCO Evaluation       Other: \_\_\_\_\_  
 Refractive Surgery Evaluation

**Exam Information**

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Best Corrected VA: OD 20/\_\_\_\_\_ Tonometry: OD \_\_\_\_\_

OS 20/\_\_\_\_\_ (App / NCT) OS \_\_\_\_\_

Exam Findings: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

If Cataract / PCO / Refractive Surgery Evaluation, can patient be co-managed:     Yes     No

If able to be co-managed, I would prefer to see patient back for:

- 1-Day P/O     1-Week P/O     1-Month P/O     Final Rx

Referring Doctor (Please Print): \_\_\_\_\_

Office Phone Number : \_\_\_\_\_