

**Patient Referred to:**

---

Steven M. Silverstein MD, FACS       Timothy M. Stout MD       Jeff L. Lookhart OD

**Request For Consultation**

---

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Numbers: Home (     ) - \_\_\_\_\_ Work (     ) - \_\_\_\_\_  
                  Mobile (     ) - \_\_\_\_\_ E-mail \_\_\_\_\_  
Insurance \_\_\_\_\_

**Reason for Consultation / Referral**

---

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

**Exam Information**

---

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 (     ) - \_\_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_