

Spivack Vision Center – Colorado Laser Surgeons

6881 S. Yosemite St.
Centennial, CO 80112
(303) 393-8565 fax: (303) 393-7087

Patient's Name: _____ Ref. Doctor: _____
 Pat.'s Birthdate: _____ Age: _____ Ref. Doctor's office number: _____
 Pat.'s phone number: _____ Ref. Doctor's fax number: _____

REFERRAL FORM

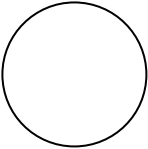
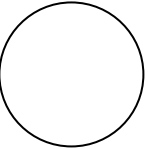
Binocularity: wnl _____ Eye Dominance: OD OS Pupils (bright/dim): _____/_____ OD

Contact Lens History: Type: _____ Years Worn: _____ Last Removed: _____ / _____ OS

Medical History: Rheumatoid Arthritis/Lupus/Scleroderma Other: _____

Medication: Acutane / Cordiarone Other: _____ Allergies: _____

Adnexa: Small Lid Fissure Deep Set Eyes PRK Discussed Bleph. Dry Eyes Incomp. Blinker Ptosis

Visual Exam	Right Eye	Left Eye
UCVA	20/	20/
Manifest Rx	20/	20/
Cyclo Rx	20/	20/
Keratometry		
Cornea	 <ul style="list-style-type: none"> <input type="checkbox"/> Neo: _____ + <input type="checkbox"/> Scarring <input type="checkbox"/> SPK <input type="checkbox"/> EBMD <input type="checkbox"/> Guttata <input type="checkbox"/> Other 	 <ul style="list-style-type: none"> <input type="checkbox"/> Neo: _____ + <input type="checkbox"/> Scarring <input type="checkbox"/> SPK <input type="checkbox"/> EBMD <input type="checkbox"/> Guttata <input type="checkbox"/> Other
Anterior Chamber	<input type="checkbox"/> Normal <input type="checkbox"/> Narrow Angle	<input type="checkbox"/> Normal <input type="checkbox"/> Narrow Angle
Iris	<input type="checkbox"/> Normal Schirmer _____	<input type="checkbox"/> Normal Schirmer _____
Lens	<input type="checkbox"/> Clear <input type="checkbox"/> Opacity: TBUT _____	<input type="checkbox"/> Clear <input type="checkbox"/> Opacity: TBUT _____
IOP (applanation)		
Fundus (dilated)	<input type="checkbox"/> Normal <input type="checkbox"/> Scleral Buckle C/D ratio: <input type="checkbox"/> Retinal tear/hole	<input type="checkbox"/> Normal <input type="checkbox"/> Scleral Buckle C/D ratio: <input type="checkbox"/> Retinal tear/hole
Pachymetry		
Plan	Circle: PRK LASIK Intralase Custom Conv Mono Enh Target Rx:	Circle: PRK LASIK Intralase Custom Conv Mono Enh Target Rx:

Comments:

Risk Benefit Alternative Procedure Reviewed Discussed Dry Eye Discussed sig. risk of Glare/halos due to ATR and/or Large pupils. Pt. accepts.
 Presbyopia discussed Monovision discussed Pt declines monovision and accepts readers Pt accepts monovision and its limitations and benefits.
 Informed consent discussed and signed Comanagement consent signed

Surgeon/Doctor Preference:

Quoted Fee: \$ _____ /eye

Doctor Signature: _____ Date: _____