



Longmont Office:
1400 Dry Creek Drive
Longmont, CO 80503
P: 303.772.3300
F: 303.682.3380

Lafayette Office:
300 Exempla Cir, Ste. 120
Lafayette, CO 80026
P: 303.772.3300
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Boulder Office:
3000 Center Green Dr., Ste. 250
Boulder, CO 80301
P: 303.772.3300
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Greeley Office:
1616 15th Street
Greeley, CO 80634
P: 303.772.3300
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Request for Ophthalmic Consultation

Please FAX to: 303-682-3380

Referring Physician _____ Date _____

Referring Physician Phone _____ Referring Physician Fax _____

Referring Physician Contact Person _____

Patient Name _____ DOB _____

Patients Phone # _____ Contact Patient Patient will call

Patient needs to be seen: *** Emergently *** **Today** **OR** **Within 24 hours**
 Within 2 to 3 days Within 1 week
 Within ____ weeks Next available (no time restrictions)

Insurance Carrier: _____

*** Please provide copies of the current insurance cards if available.*

- To: **Retina Consultants** **Glaucoma Consultants** **Other Specialists**
- William Benedict, MD
 - Elisha Tilton, MD
 - Justin Kanoff, MD
 - Matthew Manry, MD
 - Micah Rothstein, MD (& Cataract)
 - Anjali Sheth, MD (& Cataract)
 - Joel Meyers, MD (Cataract/Oculoplastic)
 - Peter Andrews, MD (Cornea, LASIK, Cataract)
 - Aimee Verner, MD (Cornea, LASIK, Cataract)
 - Irene Olijnyk, MD (Ophthalmology)
 - Robert Krone, OD (Medical Contacts)
 - Jane Wolford, OD (Dry Eye)

I am sending this patient to you for assistance with his/her care. Please evaluate this patient's problem(s) or condition(s) [describe] or fax the last chart note:

When faxing this form or chart note, please include a patient registration or demographics information sheet.

- Consider treatment as appropriate. I look forward to receiving your opinion and advice regarding the care of this patient, and will resume general care following your consultation.
- I prefer to co-manage this patient [Cataract or LASIK]
- I request that you refer to another specialist if additional problems/conditions are discovered upon evaluation.

Signed _____
[Referring Doctor]

FAX (303)682-3380