



**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  
F: 303.682.3380

**Boulder Office:**  
3000 Center Green Dr., Ste. 250  
Boulder, CO 80301  
P: 303.772.3300  
F: 303.682.3380

**Greeley Office:**  
1616 15<sup>th</sup> Street  
Greeley, CO 80634  
P: 303.772.3300  
F: 303.682.3380

## 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 # \_\_\_\_\_  Please Contact Patient

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)
  - 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.**

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- 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