

Corneal Cross-Linking Consultation Request Form



EMPIRE EYE
PHYSICIANS

REASON FOR CONSULTATION OU OS OD

Keratoconus Post Refractive Surgery Corneal Ectasia

Pellucid Degeneration Other: _____

Physician Requested Dr. Mark Kontos Dr. Christopher Sturbaum Any

REFERRING DOCTOR INFORMATION

PATIENT CONTACT INFORMATION

Name: _____

Name: _____

Phone: _____

Phone: _____

Date of Exam: _____

Date of Birth: _____

(Under 18) Guardian Name: _____

INSURANCE INFORMATION See attached for demographics

Primary Insurance Carrier: _____

Policy: _____

Patient Address: _____

Indications	Contraindications
<ul style="list-style-type: none"> <input type="checkbox"/> 14 years of age or older and cooperative with treatment recommendations and procedures <input type="checkbox"/> Progressive Corneal Ectasia <input type="checkbox"/> Decrease in best corrected visual acuity <input type="checkbox"/> Topography showing alteration in corneal shape and disease progression <input type="checkbox"/> Increase in spherical or cylindrical values in refractions 	<ul style="list-style-type: none"> <input type="checkbox"/> Pachymetry less than 400 microns (some exceptions) <input type="checkbox"/> Current infection <input type="checkbox"/> Prior herpetic infection <input type="checkbox"/> Severe ocular surface disease <input type="checkbox"/> RGP's no longer provide reasonable vision <input type="checkbox"/> Significant corneal scarring <input type="checkbox"/> Autoimmune disorders <input type="checkbox"/> History of poor epithelial wound healing

IMPORTANT I have advised the patient that soft contact lenses must not be worn for a minimum of 1 week prior to consultation and/or RGP's or hard contacts for at minimum 3 weeks prior to consultation

DISEASE PROGRESSION Please include the following information via form or chart notes if available

See attached for diagnostic and exam findings Will be mailed

Baseline MR: OD _____ 20/____ OS _____ 20/____ Date _____

Recent MR: OD _____ 20/____ OS _____ 20/____ Date _____

Baseline K's: OD _____ @ _____ @ _____ OS _____ @ _____ @ _____ Date: _____

Recent K's: OD _____ @ _____ @ _____ OS _____ @ _____ @ _____ Date: _____

Pertinent Findings: _____

Recommendation: _____