

Refractive Surgery Consultation Request Form



EMPIRE EYE
PHYSICIANS

REASON FOR CONSULTATION OU OS OD

LASIK PRK ICL Other: _____

Physician Requested Dr. Mark Kontos Dr. Christopher Sturbaum
 Dr. Jason Croskrey Any

REFERRING DOCTOR INFORMATION

Name: _____

Phone: _____

Date of Exam: _____

PATIENT CONTACT INFORMATION

Name: _____

Phone: _____

Date of Birth: _____

Address: _____

INSURANCE INFORMATION See attached for demographics

Primary Insurance Carrier: _____ Policy: _____

Check any that apply

Contact Lenses: Soft Rigid Worn for _____ + years

Other Diagnoses: Dry-Eye or Meibomian Gland Dysfunction
 Amblyopia
 Corneal Disease: _____

Monovision: Patient has monovision correction
 Recommended or candidate for monovision LASIK

Co-managing: *Patient will continue post-op care at my office*
 Patient will continue post-op care with Empire Eye Physicians

IMPORTANT I have advised the patient that soft contact lenses must not be worn for 2 weeks prior to consultation and/or RGP's or hard contacts for at minimum 4 weeks prior to consultation

CLINICAL FINDINGS Please include the following information if available

See attached for diagnostic and exam findings Will be mailed

Pertinent Findings: _____

Recommendation: _____