



# CONSULTATION REQUEST

Date: \_\_\_\_\_

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Boardman, OH 44512

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Patient Name: \_\_\_\_\_ Dob: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cataract            | <input type="checkbox"/> Flashes/Floaters                   | <input type="checkbox"/> Testing Only / No Exam<br>List Below:<br>_____<br>_____<br>_____<br>_____ |
| <input type="checkbox"/> PCO/YAG Evaluation  | <input type="checkbox"/> Visual Field Defect                |  |
| <input type="checkbox"/> Narrow Angles/LPI   | <input type="checkbox"/> Reduced Vision/Visual Field Defect |  |
| <input type="checkbox"/> SLT                 | <input type="checkbox"/> Diplopia                           |  |
| <input type="checkbox"/> Glaucoma Evaluation | <input type="checkbox"/> Scleral Lens Fitting               |  |
| <input type="checkbox"/> Dry Eye             |   |  |
| <input type="checkbox"/> Red Eye             | <input type="checkbox"/> Other: _____                       |  |

Please provide refractive error and BCVA		Any history of contact lens wear? Yes / No	
OD: _____	20/ _____	Type: RGP / Soft	Multifocal: Yes / No
OS: _____	20/ _____	Monovision: Yes / No	Near Eye: OD OS

For glaucoma consults, please provide any available information such as pre-treatment IOP, most recent IOP, previous and current glaucoma meds, C/D ratio, pachymetry, threshold visual fields, OCT scans

Additional Pertinent Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSULTATION REQUEST:** Please evaluate, consider treatment, and/or render your opinion regarding this patient's ocular condition. I look forward to receiving your opinion and will resume general eye care following your consultation.

**TRANSFER OF CARE:** Please evaluate, treat and assume further care for this patient.

Referring Doctor's Signature: \_\_\_\_\_ Referring Doctor: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Please fax all consult requests to the office where you would like the patient to be evaluated at. Thank you.