

Thank you for your referral! We promise to take excellent care of your patient. Please complete this form and fax or mail to Southern Eye Associates. If mailing, please remember to copy this form for your own records.

## Step One: Referral/Consultation Information

Referral Date: \_\_\_\_\_ Exam Date: \_\_\_\_\_ SEA Appointment Date: \_\_\_\_\_

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

Patient Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Location Phone: \_\_\_\_\_

Referring Doctor Location: \_\_\_\_\_

**Patient to call SEA for appointment**

Testing Only: \_\_\_\_\_

Consultation Only: \_\_\_\_\_

Evaluation/Treatment: \_\_\_\_\_

Do not return patient due to not accepting patient's insurance.

Co-managing Patient       Yes       No

## Step Two: Current Patient Data

Chief Complaint: \_\_\_\_\_

Best Corrected Visual Acuity:

\_\_\_\_\_

OD: 20/\_\_\_\_\_ OS: 20/\_\_\_\_\_

\_\_\_\_\_

Manifest Refraction:

\_\_\_\_\_

OD: \_\_\_\_\_ 20/\_\_\_\_\_

\_\_\_\_\_

Other Clinical Findings or Comments: \_\_\_\_\_

OS: \_\_\_\_\_ 20/\_\_\_\_\_

\_\_\_\_\_

Intraocular Pressure:

\_\_\_\_\_

OD: \_\_\_\_\_ OS: \_\_\_\_\_

\_\_\_\_\_

## Step Three: Preferred Method of Correspondence

Preferred Type of Correspondence:

- Examination Forms
- Dictated Letter
- Personal Telephone Call

Preferred Method of Correspondence:

- By Fax
- By Mail
- Personal Telephone Call