GREAT LAKES EYE CARE

Ophthalmology Referral Form

Fax to: **(269) 428-5005**
greateyecare.com

LOCATIONS St. Joseph • Niles • South Haven • Mishawaka, IN

1 REFERRAL & ROUTING

Check all that apply

REFER TO — PHYSICIAN

- ☐ **Dr. Brown, MD**
- ☐ **Dr. Cooke, MD**
- ☐ **Dr. Hall, MD**
- ☐ **Dr. Nicholson, MD**
- ☐ **Dr. Pletcher, MD**
- ☐ **Dr. Stoddard, MD**
- ☐ **Dr. Wang, MD** *
- ☐ **First available**

SERVICE LINE / SUB-SPECIALTY

- ☐ Comprehensive
- ☐ Cataract
- ☐ Refractive Surgery
- ☐ Glaucoma
- ☐ Retina
- ☐ Cornea / External
- ☐ Oculoplastics
- ☐ Pediatric
- ☐ Dry Eye
- ☐ Brain Injury
- ☐ Valeda Light Therapy

** Dr. Wang accepts medical (non-surgical) referrals only.*

CARE TEAMS We schedule by coordinated specialty team based on diagnosis, treatment needs, and provider availability. Your patient may be scheduled with another physician on the appropriate team to ensure the soonest appointment.

PREFERRED LOCATION

☐ St. Joseph ☐ Niles ☐ South Haven ☐ Mishawaka

URGENCY

○ Routine ○ Soon (2–4 wks) ○ Urgent (< 1 wk)

2 REFERRING PROVIDER

REFERRING DOCTOR

DATE

NPI (optional)

PRACTICE / CLINIC

OFFICE PHONE

OFFICE FAX

3 PATIENT DEMOGRAPHICS

PATIENT NAME (Last, First)

DATE OF BIRTH

SEX ○ M ○ F ○ X

STREET ADDRESS

CITY

STATE / ZIP

PHONE #1

PHONE #2

EMAIL

PREFERRED CONTACT ○ Phone ○ Text ○ Email

PREFERRED LANGUAGE

4 INSURANCE

Fax a copy of the card(s) if able

PRIMARY

PLAN | MEMBER ID | GROUP NO.

SECONDARY (if any)

PLAN | MEMBER ID | GROUP NO.

5 CLINICAL INFORMATION & CHART NOTES

REASON FOR REFERRAL

WORKING DIAGNOSIS / ICD-10 (if known)

CURRENT OCULAR MEDICATIONS

ALLERGIES

PERTINENT MEDICAL HISTORY (e.g. diabetes, hypertension, anticoagulants)

GLAUCOMA complete if applicable

LATEST IOP OD ____ OS ____

DATE TAKEN ____ METHOD ____

CATARACT — REFRACTION complete if applicable

REFRACTION DATE ____

OD ____ ____ × ____ 20/ ____

OS ____ ____ × ____ 20/ ____

RECORDS ENCLOSED

☐ Chart notes ☐ Medication list ☐ Imaging / OCT ☐ Visual fields ☐ Photos ☐ Insurance card

6 SCHEDULING

○ Please call the patient to schedule ○ Appointment already scheduled — Date: ____