

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

1 REFERRAL & ROUTING

Check all that apply

REFER TO — PHYSICIAN		SERVICE LINE / SUB-SPECIALTY		
Dr. Brown, MD	Dr. Cooke, MD	Comprehensive	Cataract	Refractive Surgery
Dr. Nicholson, MD	Dr. Pletcher, MD	Glaucoma	Retina	Cornea / External
Dr. Stoddard, MD	Dr. Wang, MD *	Oculoplastics	Pediatric	Dry Eye
No preference — first available		Brain Injury		

* 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				URGENCY		
St. Joseph	Niles	South Haven	Mishawaka	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

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.

EMAIL

PREFERRED CONTACT PREFERRED LANGUAGE
Phone Text
Email

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: