LIGHTWORKS VISION

# Patient Referral

**Fax to 757.299.0190**

Questions or urgent referrals: 757.299.0188

Jason S. Goldberg, MD | 123 S. Lynnhaven Rd, Suite 102, Virginia Beach, VA 23452

**PRIORITY** ☐ Routine ☐ Soon (within 2 weeks) ☐ **Urgent (please also call us)**

DATE OF REFERRAL

## PATIENT INFORMATION

PATIENT NAME (LAST, FIRST) | DATE OF BIRTH

PRIMARY PHONE | ALTERNATE PHONE

ADDRESS

CITY, STATE, ZIP | PREFERRED LANGUAGE

## REFERRING PROVIDER

PROVIDER NAME AND CREDENTIALS | NPI

PRACTICE NAME

PHONE | FAX (FOR OUR CONSULT REPORT)

OFFICE CONTACT NAME | CONTACT PHONE OR EMAIL

## INSURANCE (PLEASE ATTACH FRONT AND BACK OF CARD)

PRIMARY INSURANCE | MEMBER ID | SECONDARY INSURANCE | AUTHORIZATION NO.

## REASON FOR REFERRAL

- ☐ Cataract evaluation
- ☐ Diabetic eye exam
- ☐ Dry eye or ocular surface disease
- ☐ Corneal infection, abrasion, or ulcer
- ☐ Abnormal visual field
- ☐ Glaucoma or glaucoma suspect
- ☐ Macular degeneration
- ☐ Keratoconus
- ☐ Red eye or inflammation
- ☐ Optic nerve findings
- ☐ Elevated eye pressure
- ☐ Decreased or blurry vision
- ☐ Fuchs dystrophy or corneal edema
- ☐ Eyelid lesion or chalazion
- ☐ Second opinion
- ☐ Other: _____

## CLINICAL INFORMATION

**OD** _____ _____ _____

**OS** _____ _____ _____

VISUAL ACUITY | IOP (MMHG) | METHOD

CURRENT EYE MEDICATIONS

PERTINENT FINDINGS AND HISTORY

**ENCLOSED** ☐ Office notes ☐ Visual field ☐ OCT ☐ Fundus photos ☐ Medication list ☐ Insurance card

REFERRING PROVIDER SIGNATURE | DATE

**What happens next** We'll contact the patient to schedule, usually within one business day, and fax a consultation report to your office after the visit. For urgent problems, please call 757.299.0188 as well as faxing.

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