



Coordinating Your Patient Care

The Medical Eye Center is a referral-based ophthalmology practice with locations in Manchester and Bedford, NH. We strive to provide each patient with the best possible visual outcome.

Patient Name: _____

Patient Phone: _____

Referring Physician: _____

Primary Care Physician: _____

Phone: _____ Fax: _____

Time frame in which the patient should be seen: _____

Reason for Consultation (mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Unexplained Vision Loss |
| <input type="checkbox"/> Red Eye | <input type="checkbox"/> Ocular Manifestations of Systemic Diseases |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Neuro-ophthalmology |
| <input type="checkbox"/> Eye Trauma/Injury | <input type="checkbox"/> Headache with Eye Pain |
| <input type="checkbox"/> Double Vision | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Flashes and Floaters | |
| <input type="checkbox"/> Diabetic Eye Exam | |

Additional Comments:

