the medical eye center

Phone: 603.668.2020
Fax: 603.668.0881
www.themedicaleyecenter.com

Glaucoma, Retina & Vitreous, Cataract,
Cornea & External Diseases, Uveitis,
Neuro-Ophthalmology, Optometry,
Oculofacial Plastic & Reconstructive Surgery

Coordinating Your Patient Care

☐ New Referral
☐ Referral notes for appointment scheduled: ______________________________
☐ Follow up notes. No appointment required.

****IF THE PATIENT NEEDS TO BE SEEN WITHIN 24-48 HOURS, <u>PLEASE CALL</u> THE OFFICE DIRECTLY. ALL OTHER NON-URGENT REFERRALS WILL BE CALLED WITHIN 5-7 BUSINESS DAYS.**

Patient Name: ____D.O.B.________________
Patient Phone: ____
Referring Physician: ____
Optometrist (if different) ____
Phone: ____ Fax: ____________________________

TO HELP US PROCESS REFERRALS AS QUICKLY AS POSSIBLE, PLEASE BE SURE TO INCLUDE THE FOLLOWING INFORMATION WITH EVERY REFERRAL. MISSING DETAILS MAY DELAY CARE FOR YOUR PATIENT.

☐ Demographics
☐ Insurance information
☐ Office visit notes

Reason for Consultation (please be specific): _________________________________

☐ Age-related Macular Degeneration
☐ Cataract Consult
☐ Cornea
☐ Diabetic Retinopathy
☐ Epiretinal Membrane/Macular Hole
☐ Glaucoma (Stage:______________________)
☐ Macular Hole
☐ Retinal Tear/Detachment (**call office directly**)
☐ Unexplained Vision Loss/Unknown Maculopathy
☐ Oculoplastics
☐ Lid Conditions
☐ Lacrimal Conditions
☐ Orbital Conditions
☐ Thyroid Eye Disease
• Refractive Surgery
☐ Other: _________________________________

****Time frame in which the patient should be seen (please circle):**
24-48 hrs.(call us) 1 week 2 weeks 1 month Next available Other: ______________

Preferred office location (please circle): NASHUA MANCHESTER BEDFORD PETERBOROUGH CONCORD

Additional Comments:

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