



Eyes are all we do

Professional Solutions for Cataracts, Glaucoma & Cornea

REQUEST FOR CONSULTATION

FAX TO: (920) 499-9636

Requesting doctor: _____ Clinic location: _____

Clinic phone & FAX: _____ Date: _____

Patient: _____ Phone: _____ DOB: _____

Consultation appointment date: _____ Time: _____

Referred to: ☐ Tyson K. Schwiesow, MD ☐ Kurt A. Schwiesow, MD ☐ Matthew J. Thompson, MD
☐ Kunal S. Patel, MD ☐ Annette L. Giangiacomo, MD ☐ Owen L. Krueger, MD
☐ Jack J. Komro, DO
☐ Michael Servi, OD ☐ Jacob Woldt, OD ☐ Jamie Myers, OD

Reason for consultation:

_____ Cataract _____ Glaucoma _____ Cornea _____ Oculoplastics

_____ Other: _____

- ☐ History of elevated IOP/glaucoma
- ☐ History of significant dry eye
- ☐ History of retinal disease

Ophthalmic history:

Ophthalmic medication:

Tonometry: OD _____ mm Hg

OS _____ mm Hg

Refraction: OD _____ + _____ x _____ 20/ _____

OS _____ + _____ x _____ 20/ _____

Slit lamp exam:

Fundus:

Patient wishes to comanage: ☐ No ☐ Yes - We are able to bill patient's medical insurance of: _____

Comments: _____

Signature

Date