

EYE CARE SPECIALISTS Patient Referral Form

Referring Doctor: _____

Practice/Office: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Date: ____/____/____

■ Referral for Medical, Surgical, Laser & Photography Services ■

To assure that we provide you with the best possible care, we are referring you to Eye Care Specialists' ophthalmology practice for further evaluation/treatment. Bring this form and your insurance cards, co-payment, and medication(s) list to your appointment. (If you have been diagnosed with diabetes, the eye exam is typically covered by insurance.)

Appointment: _____ ☐ Patient to call office below to schedule
☐ Referring doctor will call to schedule ☐ Eye Care Specialists should call patient

Scheduled for: **Day:** _____ **Date:** ____/____/____ **Time:** ____:____ am/pm

To see: ☐ Brett Rhode, MD Daniel ☐ Daniel Ferguson, MD ☐ David Scheidt, OD
 (Check name) ☐ Daniel Paskowitz, MD, PhD ☐ Michael Raciti, MD ☐ Austin Hribar, OD

At this location: ☐ West Allis 2601 S. 102nd St. **414-321-7520** Fax: 414-321-9383
 (Map on back) ☐ Downtown 633 W. Wisconsin Ave. Suite 1400 **414-298-0099** Fax: 414-298-0092
☐ Mayfair 2323 N. Mayfair Rd. Suite 200 **414-258-4550** Fax: 414-258-4903

_____→ The results of your referral will be sent to our office. You will then return to us for all future primary eye care.

PATIENT NAME: _____ Age: _____
 Cell Phone #: _____ Landline #: _____ DOB: ____/____/____

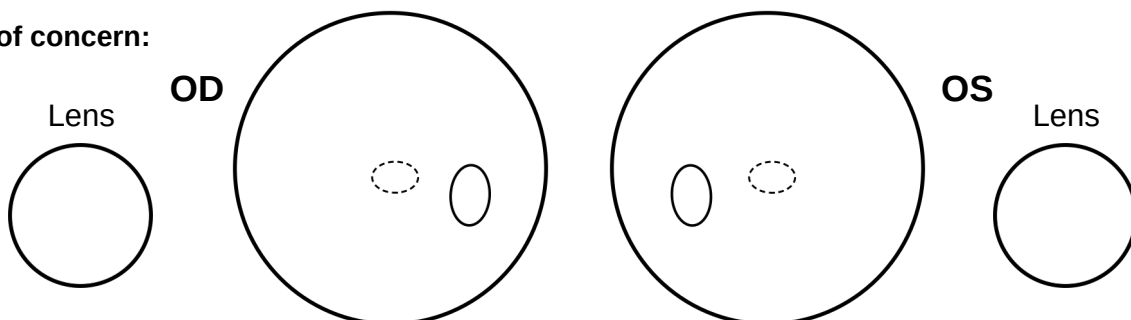
Ocular Findings:	Date	Refraction	VA	IOP	C/D
OD	____/____/____	_____	20/____	_____	_____
OS	____/____/____	_____	20/____	_____	_____

Request ☐ Testing/Procedure Only ☐ Testing + Pt. Examination/Recommendation

For: ☐ Cataract Evaluation ☐ Dry Eyes ☐ Diabetic Retinopathy
☐ Glaucoma ☐ Macular Degeneration ☐ Optic Nerve Problem
☐ Posterior Capsule Haze ☐ Retinal Lesion ☐ Vascular Occlusion
☐ Other _____

Eye(s): ☐ OD ☐ OS ☐ OU **Services Needed:** ☐ OCT ☐ Pachymetry ☐ Topography ☐ Visual field ☐ YAG

Area(s) of concern:

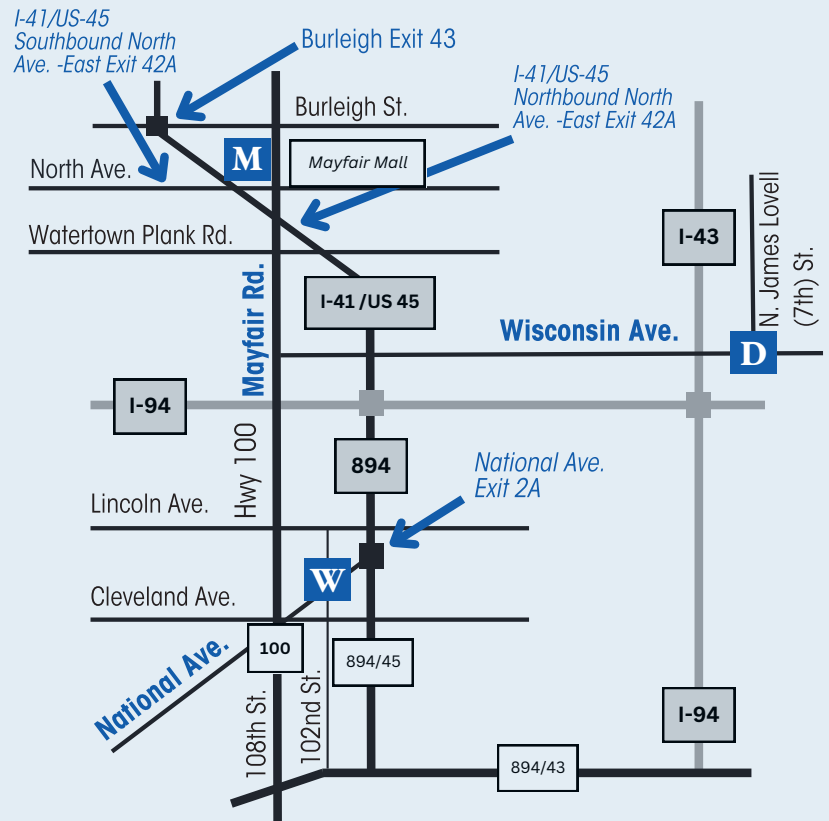




EYE CARE SPECIALISTS

Brett Rhode, MD
 Daniel Ferguson, MD
 Daniel Paskowitz, MD, PhD
 Michael Raciti, MD
 David Scheidt, OD
 Austin Hribar, OD

www.eyecarespecialists.net



WEST ALLIS

414-321-7520

2601 S. 102nd St.

West Allis, WI 53227

Located in a stand-alone building marked Eye Care Specialists, on the corner of 102nd & National, one stoplight west of the National Avenue exit ramps on I-894/I-41. From National Avenue, turn north onto 102nd Street and take a left into the first parking lot. Ample free parking is available.



MAYFAIR

414-258-4550

2323 N. Mayfair Rd., Suite 200

Wauwatosa, WI 53226

Located in a 6-story office building on the west side of Mayfair Road (Highway 100) just north of North Avenue. "2323" is in big red numbers at the top of the building. Mayfair Mall and the Cheesecake Factory restaurant are across the street to the east. If you are heading northbound on Mayfair Road, pass North Avenue, then make a left (west) at the light onto Meinecke Avenue to loop back. Turn into the first driveway on the left (south) and proceed past the front of the UW-Credit Union and to the 2323 building. Ample free parking is available behind the building by the back entrance.



DOWNTOWN

414-298-0099

633 W. Wisconsin Ave., Suite 1400

Milwaukee, WI 53233

Located in a 20-story office building on the southeast corner of N. James Lovell (7th) Street and Wisconsin Avenue. (There is a Miller beer sign on top of the building.) Free parking is available for patients in the Interstate Parking (formerly Badger) Lot located off of James Lovell (7th) Street between Wisconsin Avenue and Michigan Street. Please park only in spaces marked for Eye Care Specialists to avoid being ticketed. The lot is only accessible by turning from Michigan Street (a two-way, east-west street) north onto James Lovell Street (one-way/northbound only) and then left into the lot. If the lot is full or you prefer to park elsewhere, there are numerous metered spaces and nearby parking lots.