



# NORTHWEST EYE SURGEONS

## Consultation Request Form

**If you need your patient seen urgently (within 72 hours), please call our office directly at 1-800-826-4631**

**Date of Referral:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient's Phone number: \_\_\_\_\_

### Reason for Referral

Retina     Oculoplastics     Refractive     Strabismus     Yag Cap / PCO eval

Cornea     Cataract\*

\*Does your patient also have glaucoma?     Yes     No

**For Glaucoma \*\*Please only submit our Glaucoma Consultation Request Form**

Other \_\_\_\_\_

**Consulting Northwest Eye Surgeons' Physician:** \_\_\_\_\_

Okay to schedule with a different NWES provider if available sooner?     Yes     No

**Clinical findings/areas of concern:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Cataract Co-Management:

- Patient wishes to return to my office for post-op care.
- Patient is aware of the shared billing arrangements and the additional surgical and co-management fees associated with Vision Correction.
- Patient prefers NWES to manage surgical post-op care.

### Your Information

Referring Doctor: \_\_\_\_\_ Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Please fax to Corresponding Clinic

Bellingham	Ph: 360 676-6233	F: 360 676-6298	Mount Vernon	Ph: 360 428-2020	F: 360 428-6918
Renton	Ph: 425 235-1200	F: 425 917-9465	Seattle	Ph: 206 528-6000	F: 206 528-0014
Sequim	Ph: 360 683-2010	F: 360 683-2320	Smokey Point	Ph: 360 658-6224	F: 360 658-6227

**\*\*Glaucoma Consultation Request Form can be located on our website at [nweyes.com/forms-test](http://nweyes.com/forms-test)**