ARIZONA GLAUCOMA SPECIALISTS- NORTH PHOENIX

 Jeffrey S. Kay, M.D., Max C. Kim, M.D., ­­And Associates

**REFERRAL FORM**

PATIENT NAME (PRINTED)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HOME #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PATIENT WILL CALL\_\_\_\_\_\_\_\_\_\_ PLEASE CALL PATIENT\_\_\_\_\_\_\_\_\_

 REFERRING DOCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE CHECK THE APPROPRIATE BOXES AND FILL IN BLANKS***

I AM REFERRING THIS PATIENT BECAUSE:

\_\_\_\_\_\_ **INTRAOCULAR PRESSURE IS HIGH \_\_\_\_\_\_ CATARACTS**

 \_\_\_\_\_\_\_ OD mmHg \_\_\_\_\_\_\_ OS mmHg

 \_\_\_\_\_\_\_ OD BCVa \_\_\_\_\_\_\_ OS BCVa

\_\_\_\_\_\_ OPTIC NERVE IS SUSPECT FOR DAMAGE

\_\_\_\_\_\_ VISUAL FIELD EXAM IS NOT NORMAL

\_\_\_\_\_\_ HRT, GDX, OCT, OR OTHER TESTING IS NOT NORMAL

\_\_\_\_\_\_ FAMILY HISTORY OF GLAUCOMA

\_\_\_\_\_\_ OTHER RISK FACTORS PRESENT (STEROIDS, DIABETES, ETC)

I WOULD LIKE AZ GLAUCOMA TO:

\_\_\_\_\_\_ MEDICALLY MANAGE THIS PATIENT

\_\_\_\_\_\_ CONSIDER LASER/SURGICAL INTERVENTION

\_\_\_\_\_\_ PROVIDE A SECOND OPINION

I give my permission to release this information to ARIZONA GLAUCOMA for possible evaluation and management of my condition.

PATIENT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***PLEASE FAX TO AZ GLAUCOMA SPECIALISTS @ (480) 538-7952***

 Arizona Glaucoma Specialists- North Phoenix 20940 North Tatum Blvd, Suite 250, Phoenix, AZ 85050

 (480)-538-7075