



Eyecare Referral Form

Our Location Fax Numbers:

Ballard: 206.781.8693

Kirkland: 425.821.8836

Edmonds: 425.670.6708

Northgate: 206.367.9066

First Hill: 206.215.2022

Emergency (pt en route)  Urgent (24-48 hours)  Routine (1-2 weeks)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Patient Phone: \_\_\_\_\_  M  F

Referring Physician: \_\_\_\_\_ Location: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Manifest OD: \_\_\_\_\_ : 20/ IOP: \_\_\_\_\_  
Rx OS: \_\_\_\_\_ : 20/ IOP: \_\_\_\_\_

Exam Findings, Referral Dx: \_\_\_\_\_

CL Wearer  Eye Meds: \_\_\_\_\_

● **Surgical Evaluation:**  OD  OS  OU

Cataract  Yag  Glaucoma  MIGS  Other: \_\_\_\_\_

Retain pt at Evergreen after surgery for monitoring/treatment of ocular disease.

Refer pt to me for monitoring/treatment of ocular disease

● **Medical Evaluation:**  OD  OS  OU

Glaucoma  Cornea  Retina  DES  Other: \_\_\_\_\_

● **Continuity of Care:**

Retain patient at EANW.

Refer patient back with recommendations - second opinion only.

**Provider Request:**

Next Available O.D. or M.D.

Next Available Surgeon

Specific Provider Requested

Additional Information: \_\_\_\_\_

Referring Physician Signature: \_\_\_\_\_