VISIONCARE ASSOCIATES

Practitioner Referral Form | Specialty Contact Lenses

9100 Wilshire Blvd., Suite 509E, Beverly Hills, CA 90212
Phone: (310) 271-3937 | Fax: (310) 271-3959 | Text: (323) 653-2020

Please complete this form and fax it to (310) 271-3959. Our office will contact the patient to schedule an appointment.

REFERRING PRACTITIONER

Name: _____ ☐ OD ☐ MD ☐ Other: _____
Practice name: _____
Address: _____
Phone: _____ Fax: _____
Email: _____
NPI (optional): _____

PATIENT INFORMATION

Full name: _____
Date of birth: __/__/__
Phone: _____ Email: _____
Address: _____
Preferred contact method: ☐ Phone ☐ Text ☐ Email

Insurance

Vision plan: _____ Member ID: _____
Medical plan: _____ Member ID: _____

REASON FOR REFERRAL (check all that apply)

☐ Keratoconus
☐ Irregular cornea
☐ Post refractive surgery (LASIK / PRK / RK)
☐ Post corneal transplant
☐ High or irregular astigmatism
☐ Dry eye

☐ Presbyopia
☐ Myopia management
☐ Eye trauma / cosmetic lens
☐ Contact lens intolerance or discomfort
☐ Other: _____

Diagnosis / ICD-10 code: _____

Urgency: ☐ Routine ☐ Priority

LENS TYPE REQUESTED (if known)

☐ Scleral ☐ Hybrid ☐ Gas permeable ☐ Soft
☐ Bifocal / multifocal ☐ Custom ☐ Cosmetic / prosthetic ☐ Not sure

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CLINICAL INFORMATION

	OD (Right)	OS (Left)
Current Rx		
Best corrected VA		
K readings		

Relevant ocular history (surgeries, conditions, injuries):

Current medications / allergies:

Previous contact lens wear (type, brand, issues):

Additional notes:

Attachments included:
☐ Corneal topography ☐ OCT ☐ Exam notes ☐ Prior lens parameters ☐ Other: _____

REFERRING PRACTITIONER REQUESTS

☐ Send a consultation summary after the visit
☐ Return the patient for routine eye care
☐ Call me to discuss this patient

SIGNATURE

Referring practitioner signature: _____
Date:__/__/__

FOR OFFICE USE ONLY

Date received: _____ Patient contacted: _____ Appointment date: _____

CONFIDENTIAL: *This form contains protected health information. If you received it in error, please notify the sender at (310) 271-3937 and destroy all copies.*