

REQUEST FOR CONSULTATION WITH:

Hendersonville: 828-693-1773 • Fax: 828-692-3297
 Asheville: 828-277-8233 • Fax: 828-277-6799
 Skyland: 828-820-2900 • Fax: 828-820-2935
 Columbus: 828-894-3037 • Fax: 828-894-5525
 Waynesville: 828-693-1773 • Fax: 828-692-3297
 Toll Free: 800-624-6575

Clayton H. Bryan, MD Jonathan P. Fritz, MD
 Mark A. Joseph, MD Pooja Sethi, MD
 Robert I. Park, MD Matthew J. Duggan, MD
 Raj N. Patel, MD Stephen J. Capps, MD
 Farid M. Khan, MD

Patient: _____ DOB: _____ Phone: _____

Address: _____ Last Exam: _____

Chief Complaint/History: _____

Reason for Consultation: _____

REFRACTION

OD _____ X _____ 20/ _____ Add _____ J _____

OS _____ X _____ 20/ _____ Add _____ J _____

Present Glasses: OD _____ X _____ OS _____ X _____ Add _____

Visual Fields: OD _____ OS _____ (PLEASE ATTACH)

Pupils: Marcus Gunn Yes No Applanation Tonometry: OD _____ OS _____

Slit Lamp Findings:

OD _____

OS _____

Fundus Findings:

OD _____

OS _____

Explanation given to patient:

Cataracts Retina Cornea Glaucoma Other: _____

Referring Doctor _____ Date _____