REFERRAL FORM

DLV VISION

___/___/___
DATE

PATIENT NAME

( ) -
PATIENT PHONE

___/___/___
PATIENT DOB

PATIENT EMAIL

REFERRING PHYSICIAN

INSURANCE

( ) -
PHONE

If the patient has an HMO and this is their first time at our office, an authorization from the patient's PCP will be needed before they can be seen. Please send a copy of patient's insurance cards and last appointment notes.

( ) -
FAX

BRIEFLY STATE THE REASON FOR THE REFERRAL

NOTES *Please attach MR, it will save patients 20 min in their appointment.*

DIAGNOSIS

- ❍ LASIK *(-1.00 to -8.00)*
- ❍ Cataract *(20/30+Bat)*
- ❍ ICL *(-3.00 to -25.00)*
- ❍ RLE *(20/30+Bat)*
- ❍ YAG/PCO *(post 90 days)*
- ❍ CORNEAL CXL
- ❍ Intacs
- ❍ Dry Eye/Blepharitis
  - ❍ *Only LipiFlow*
  - ❍ *Only Intense Pulsed Light (IPL)*
  - ❍ *Only BlephEx*
- ❍ Enhancement Surgery
- ❍ Glaucoma
- ❍ General Ophthalmology
- ❍ Botox/Juvederm
- ❍ Laser Skin Resurfacing
- ❍ Posterior Vitreous Detachment
- ❍ Retinal Tear/Hole
- ❍ Lattice Degeneration
- ❍ Retinal Detachment
- ❍ Dry/Wet Macular Degeneration
- ❍ Diabetic Retinopathy
- ❍ Macular Edema
- ❍ Choroidal Nevus/Melanoma
- ❍ Uveitis Eye *(OD, OS)*
- ❍ Other ________

APPT TIMEFRAME

- ❍ Immediately
  (Please call us directly)
- ❍ Within one week
- ❍ Withinn one month
- ❍ When patient prefers
- ❍ Other ________

We had cataract discussion

- ❍ Call ❍ Text ❍ Email
- ❍ Any of the above

Preferred Communication

- ❍ Laser Assisted
- ❍ Premium Lens Package
- ❍ Economy Lens Package
- ❍ Basic Lens Option

Glaucoma Referrals

- ❍ Surgical Glaucoma
- ❍ Clinical Ongoing
- ❍ Clinical Annual
- ❍ Clinical One-Time Visit

OFFICE REQUESTED

- ❍ **WESTLAKE VILLAGE**
  4353 Park Terrace Drive #150
  Westlake Village, CA 91361
- ❍ **CAMARILLO**
  1821 E. Daily Drive
  Camarillo, CA 93010
- ❍ **ENCINO**
  16130 Ventura Blvd. #120
  Encino, CA 91436
- ❍ **SIMI VALLEY**
  2796 Sycamore Drive #101
  Simi Valley, CA 93065
- ❍ **NEWBURY PARK**
  1000 Newbury Rd., Ste. 220
  Newbury Park, CA 91320
- ❍ **VENTURA**
  5682 Ventura Blvd., Suite 1
  Ventura, CA 93003

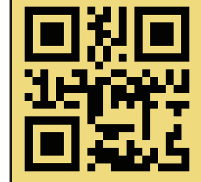
PHYSICIAN

- ❍ **Paul J. Dougherty, MD** — Refractive & Cataract Specialist
- ❍ **Asha Balakrishnan, MD** — Refractive, Cataract, & Cornea Specialist
- ❍ **Houman Vosoghi, MD** — Glaucoma Specialist
- ❍ **Xiaolin (Lynn) Zhang, MD** — Refractive, Dry Eye, & Cataract Specialist
- ❍ **Joseph Chen, MD** — Glaucoma & Cataract Specialist
- ❍ **Moisés Enghelberg, DO, MSC** — Retina Specialist
- ❍ **Anh Le, OD**
- ❍ **Sidra Qadri, OD**
- ❍ **Alique Boulgourjian, OD**
- ❍ Next Available

What is one unique thing about this patient (i.e., hobbies, activities, etc.)? ________

Are there any special event(s) in this patient's life coming up? ________

Are there any time constraints? ________



SUBMIT REFERRAL VIA: PHONE 805-987-5300 FAX 818-707-7668 TEXT
EMAIL Referrals@DoughertyLaserVision.com