



NON-EMERGENT REFERRAL REQUEST

FROM: _____ PHONE # _____ TODAY'S DATE: _____

Patient: _____ **DOB:** _____ **Phone #:** _____
Insurance provider: _____

Type of Appointment Requested:

- 2nd Opinion
- Consultation – Co-managed care
- Consultation – Return per your recommendation
- Transfer of Care

Time Frame:

- Urgent (3-10 days)
- Intermediate (10-21 days)
- Next Available
- Routine
- Other: _____

IOP

OD: _____

OS: _____

MR

OD: _____

OS: _____

VA

OD: _____

OS: _____

Chief Complaint: _____

Diagnosis/Concerns to be addressed: _____

Please check the appropriate box:

Cataracts:

- Joseph Bergmann, MD
- Dongmei Chen, MD, PhD
- Alexander Foster, MD
- William Reynders, MD
- Kevin Wienkers, MD
- (any/first available)

Retina & Vitreous:

- Ayman Elnahry, MD, PhD
- Jeffrey Shere, MD
- Wei-Chuan Wang, MD
- (any/first available)

Low Vision:

- Brad LaVallie, OD

Oculoplastic & Orbital Surgery:

- Mark Duffy, MD, PhD

Pediatrics & Strabismus:

- Lee Woodward, MD
- Elizabeth Congdon, OD
- (any/first available)

Glaucoma:

- Joseph Bergmann, MD
- Kara Harbick, MD
- (any/first available)

**Please FAX all pertinent medical records to 920-327-7005.
If your request for services is emergent (within 48 hours), please call 920-327-7000.**