



## Referring Doctor Report Glaucoma Evaluation

Referred to: Joseph Bergmann, MD

Referred to: Kara Harbick, MD

Fax to: (920) 327-7005 or

Mail to: BayCare Clinic Eye Specialists

Phone: (920) 327-7000

2253 W. Mason St, Ste 100  
Green Bay, WI 54303

\_\_\_\_\_ **Baseline Glaucoma Evaluation**

\_\_\_\_\_ **Other: Briefly Explain** \_\_\_\_\_

Patient: _____  DOB: _____	Referring Doctor: _____ Location: _____ Phone: (____) _____ - _____. FAX: (____) _____ - _____.
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**Current Glaucoma Medications:**

**Previous Glaucoma Medications:**

**VA:** OD 20/\_\_\_\_\_  
OS 20/\_\_\_\_\_

**Tonometry:** OD \_\_\_\_\_ mm Hg  
(Time: \_\_\_\_\_ AM / PM) OS \_\_\_\_\_ mm Hg

**Maximum Pressure:** On Medications \_\_\_\_\_ Off Medications \_\_\_\_\_

**Nerve Exam:**

**OCT Results:** *Attached Please Perform*

**HVF Results:** (prefer Humphrey 24-2 std) *Attached Please Perform*

**\*\*\*PLEASE FAX LAST YEAR OF EXAM NOTES & ALL VISUAL FIELDS\*\*\***

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FAX to: (920) 327-7005**