



### ***Specialist Consultation Request***

To obtain an appointment for your patient with Accuvision Dry Eye & Glaucoma, please complete sections 1 and 2 of this form. Once finished, please fax this form along with a copy of patient's medical insurance card, demographic sheet, exam sheet & current prescription to 980.237.9987. We will contact the patient, schedule an appointment, and then fax tracking information back to you for your records.

Number of pages \_\_\_\_\_

Today's Date: \_\_\_\_\_ Prepared by: \_\_\_\_\_

#### **1. Referring Provider Information:**

Referring Location: \_\_\_\_\_

Referring Practice Phone: \_\_\_\_\_ Referring Practice Fax: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ NPI #: \_\_\_\_\_

#### **Diagnosis/ Complaint: (Circle all that apply)**

Dry Eye | Glaucoma | Specialty Contact Lenses | Myopia Management | Other: \_\_\_\_\_

#### **2. Patient Information:**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Patient's Email: \_\_\_\_\_

Primary Language (if not English): \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Subscriber ID #: \_\_\_\_\_

#### **Contact Us:**

**10860 Park Rd., Suite 105**

**Pineville, NC 28134**

**PH: 980.237.9704**

**FX: 980.237.9987**

**Email: [accuvisiondryeye@gmail.com](mailto:accuvisiondryeye@gmail.com)**

*Thank you for the opportunity to participate in the care of your patient!*