

PATIENT REFERRAL FORM

Is this URGENT? Yes



ICON Fax: 303-757-2679
OMNI Fax: 303-329-7165

ICON Ph: 720-930-4254
OMNI Ph: 303-377-2020 Opt. 1

PATIENT INFORMATION

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Cell Phone: (____) ____ - _____ Home/Work Phone: (____) ____ - _____

Patient's Email: _____

Patient's Medical Insurance: _____ Do you accept Pt.'s Medical Ins.? Y / N

Patient's MedicalID#: _____

REFERRING PROVIDER

Name: _____ Practice: _____

Practice Address: _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____

Email: _____

REASON FOR REFERRAL

- | | | |
|---|--|---|
| <input type="checkbox"/> Cataract Evaluation | <input type="checkbox"/> Medical Diabetic Evaluation | <input type="checkbox"/> Yag Evaluation |
| <input type="checkbox"/> LASIK/PRK Evaluation | <input type="checkbox"/> Cornea Evaluation | <input type="checkbox"/> SLT Evaluation |
| <input type="checkbox"/> ICL/RLE Evaluation | <input type="checkbox"/> Corneal Transplant Evaluation | <input type="checkbox"/> Dry Eye Evaluation |
| <input type="checkbox"/> Corneal Cross-linking | <input type="checkbox"/> Pterygium Uveitis Evaluation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medical Glaucoma Evaluation | <input type="checkbox"/> Macular Evaluation | |
| <input type="checkbox"/> Surgical Glaucoma Evaluation | | |

If your patient requests co-management, please indicate whether you would like to co-manage their post-operative care: Yes No

Chief complaint/concern: _____

Please send most recent chart note with referral.

For Cataract, LASIK, PRK, ICL, RLE Evaluations: Each patient is evaluated by the surgeon and referring optometrist to determine if co-management is appropriate. If so, the patient may choose to receive post-operative care from the referring optometrist, with the surgeon available as needed.

PROVIDER PREFERENCE:

- | | |
|--|--|
| <input type="checkbox"/> Eva Kim, M.D. | <input type="checkbox"/> Jason Wang, M.D., F.A.A.O |
| <input type="checkbox"/> Greg Fliney, M.D. | <input type="checkbox"/> Gary Belen, M.D. |
| <input type="checkbox"/> Menachem Weiss, M.D. | <input type="checkbox"/> James Tian, M.D. |
| <input type="checkbox"/> Richard Stiverson, M.D. | <input type="checkbox"/> First Available |
| <input type="checkbox"/> Matthew Sanderson, M.D. | |

OFFICE PREFERENCE?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Aurora | <input type="checkbox"/> Lone Tree |
| <input type="checkbox"/> Cherry Creek | <input type="checkbox"/> Westminster |
| <input type="checkbox"/> Denver West | <input type="checkbox"/> Fort Collins |

Referring Provider's Signature: _____

Date: _____

INSURANCE PLANS

- Aetna
- Blue Cross Blue Shield
- Cigna
- Claritev
- Colorado Access HMO
- Devoted Health
- EyeMed Vision Care
- First Health
- HealthSpring
- Humana Medicare
- InnovAge
- Longevity Health Plan
- Mail Handlers Benefit Plan
- Medicare
- Medicaid
- Midland's Choice
- NaphCare
- Optum
- Physician Health Plan (PHP)
- Railroad Medicare
- Rocky Mountain Health Plans (RMHP)
- SelectHealth (Select Providers)
- Spectera
- Superior Vision
- Tricare West
- TriWest
- United Healthcare
- University of Utah Health Plans
- US Department of Labor (Workers Comp)
- VBA



CLINIC LOCATIONS

Cherry Creek

55 Madison St., # 355, Denver, CO

Denver West - Lakewood/Golden

350 Indiana St., # 220, Golden, CO

Westminster

500 W. 144th Ave., #110, Westminster, CO

Lone Tree

10520 El Diente Ct., #A Englewood, CO

Aurora

1421 S. Ponomac St., #130, Aurora, CO

Fort Collins

4103 Boardwalk, #100, Fort Collins, CO

ASC LOCATIONS

Lone Tree Surgery Center

10520 El Diente Ct., #A, Englewood, CO

Madison Street Surgery Center

55 Madison St., #355 Denver, CO

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