



- Paul F. Cacchillo, MD; Damon S. Dierker, OD, FFAO; Patrick B. Hopen, MD; Jessica M. Hults, OD; Jan M. Hummer, OD, MD; Sarah A. Huseman, OD; Anthony J. Lombardo, MD, PhD; Nathan M. Morrow, OD, FFAO; Michael G. Orr, MD; Branden M. Shaffer, OD; Philip W. Shaffer, OD; First Available Doctor

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Medical Insurance/Member ID: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Office: Indianapolis Greenfield Anderson Greenwood

Appointment Made Date: Please Call Patient To Schedule Appointment

Referring Doctor: \_\_\_\_\_

Practice Location: \_\_\_\_\_

Cataract Surgery:

Suggested refractive target: OD OS

Cataract co-manage? Yes, with patient consent No

Previous LASIK/PRK? Yes No Year

Refractive co-manage? Yes, with patient consent No

Contact lens use? Yes\* No

Patient would likely benefit from:

Please d/c at least 1 week prior to consultation, 3 weeks for RGPs

Astigmatism treatment Presbyopia-correcting IOL

Monovision? Yes No Distance eye? OD OS

Light-adjustable IOL Glaucoma treatment/MIGS\*\*

Please send last visual field if MIGS should be considered

Surgical & Consultative Services:

- YAG Laser Capsulotomy OD OS OU; SLT for Glaucoma/Oc HTN OD OS OU; Cornea; Dry eye; Glaucoma; Retina; Other

Refractive Surgery: Yes, co-manage

Phakic IOL Refractive Lens Exchange

Please send potential LASIK/PRK candidates to TLC Indiana

Comments: (previous eye history, exam notes, refraction etc.)

Please fax this form to our Referral Concierge: Fax: 317.579.7435 / Ph: 317.841.2028