



REQUEST FOR CONSULTATION

Return Completed Form To:	FAX: 614-293-5315	EMAIL: eyemedrecs@osumc.edu
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Patient Information:

Patient Name: _____ DOB: _____

Patient's Phone: _____ Patient's MRN: _____

Patient's Address: _____

Insurance*: _____

**HMO patients please note, an approved referral is required at the time of your visit.*

Referring Doctor: _____

Doctor Phone: _____ Doctor Fax: _____

Reason for Consult:

Diagnosis Code: _____

I look forward to receiving your opinion and advice regarding care of this patient and will resume general care following your consultation or once the patient is stable.

Referring Doctor Signature _____

For Appointment:

Call: 614-293-8116

Records: 614-293-4186

Fax: 614-293-5315

Appointment Details:

Eye & Ear Institute

Westerville

Dublin

Date: _____

Time: _____ AM PM

Referral Instructions:

- Emergency
- Second Opinion Only
- Consultation
- Exam & Treatment

Additional Information Included:

- Last exam note(s) w/ diagnosis
- Visual Field / OCT / HRT
- MRI Report / Film
- Other visual test _____

Select Specialist *(Please note that some physicians multi-specialize):*

Comprehensive Ophthalmology/Cataracts

- Mona Adeli, MD
- David Castellano, MD (LASIK)
- Amit Tandon, MD (LASIK)

Cornea/Cataracts

- Andrew Hendershot, MD
- Rebecca Kuennen, MD (LASIK)
- Richard Lembach, MD (LASIK)
- Tyler Oostra, MD (LASIK)

Glaucoma/Cataracts

- Gloria Fleming, MD
- Shelly Gupta Jain, MD
- Frederick Kapetansky, MD
- Andrea Sawchyn, MD
- Mark Slabaugh, MD

Oculoplastics

- Raymond Cho, MD, FACS
- Courtney Kauh, MD (Cosmetic)

Neuro-Ophthalmology

- Abbe Craven, MD
- David Hirsh, MD

Retina

- Colleen Cebulla, MD, PhD (Ocular Oncology)
- Frederick Davidorf, MD (Ocular Oncology)
- Matthew Ohr, MD
- Michael Wells, MD
- Fatoumata Yanoga, MD

Optometry

- W. Randall McLaughlin, OD, MS (Contact Lenses)
- John Melnyk, OD, PhD
- Barbara Mihalik, OD
- Chrisoula Morris, OD
- Chantelle Mundy, OD (Contact Lenses)
- Stephanie Pisano, OD (Contact Lenses)
- Sarah Yoest, OD (Low Vision)