



REQUEST FOR CONSULTATION

Return Completed Form to: **FAX: (614) 293-5315 EMAIL: eyemedrecs@osumc.edu**

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:

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 _____

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

Cornea/Cataracts

- Andrew Hendershot, MD (Comprehensive)
- Rebecca Kuennen, MD (LASIK)
- Richard Lembach, MD
- Thomas Mauger, MD

Comprehensive Ophthalmology/Cataracts

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

Glaucoma/Cataracts

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

Oculoplastics

- Raymond Cho, MD, FACS
- Courtney Kauh MD

Neuro-Ophthalmology

- David Hirsh, MD (Comprehensive)
- Abbe Craven, MD (Oculoplastics, Orbital Surgery)

Retina

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

Optometry

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

For Appointment:

Call: (614) 293-8116

Records: (614) 293-4186

Fax: (614) 293-5315

Research: (614) 293-5287

Appointment Details:

Eye & Ear Institute 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 _____