

**Briscoe Building
2356 Meadows Blvd, Ste 100B
Castle Rock, CO 80109**

Phone: (720) 531-0688



**8155 Piney River Ave, Ste 120
Littleton, CO 80125**

Phone; (720) 453-1980

Visionaire Eye Consultants

www.visionaireeye.com

Refractive Surgery Referral for Co-management

FAX form to: Castle Rock (303) 660-6173 or Littleton (720) 453-1981

Patient Name: _____

DOB: _____

Patient Phone: _____

Procedure desired: LASIK or PRK

Approximate date desired: _____

Manifest Refraction (stable for >1 year)

OD: 20/

OS: 20/

Cycloplegic Refraction

OD: 20/

OS: 20/

Slit Lamp Exam: Dry Eye Y/N

Blepharitis Y/N

Pterygium Y/N

Corneal Scars Y/N

Guttata Y/N

Dilated Fundus Exam: Cupping/glaucoma Y/N

Lattice/tears Y/N

Referring Practice Information:

Practice Name _____

Doctor _____

Phone Number _____

Fax Number _____

Address: _____
