Center FOR Sight
Making your world 20/happy

REFERRAL FORM

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☐ Jeffrey Hart, MD ☐ W. Reed Jaussi, MD ☐ Jeylan El-Mansoury, MD ☐ Tina Licina, OD ☐ Dennis Giang, OD
☐ Stewart Park, MD, FACS

REQUESTED BY

Dr. _____ ☐ OD ☐ MD ☐ DO ☐ PA

Location _____ Phone Number _____

PATIENT DATA

Patient Name _____ Birth Date ____ / ____ / ____

Phone: Cell _____ Home _____ Work _____

Insurance _____

☐ Has been seen by an optometrist in the last 6 months

CONSULT INFORMATION

☐ Cataract Surgery ☐ YAG Laser Evaluation ☐ Retinal / Diabetes Evaluation
☐ LASIK/Refractive Surgery ☐ Clinical Research ☐ Dry Eyes / Tearing / Blepharitis
☐ Corneal Surgery ☐ Glaucoma Screening ☐ Vitreolysis
☐ Eyelid Surgery ☐ Keratitis / Ulcer ☐ Strabismus/Amblyopia
☐ Pterygium Surgery ☐ Optic Nerve / Neuro Evaluation ☐ Other _____

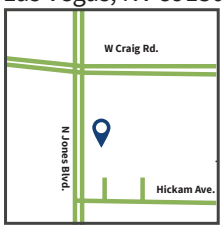
SYMPTOMS

☐ OD ☐ OS ☐ OU

☐ Decreased Vision ☐ Red Eye / Discharge ☐ VF Defect
☐ Pain / Foreign Body Sensation ☐ Increased IOP ☐ Floaters / Flashes
☐ Visual Acuity 20/40 or worse ☐ Other _____

LOCATION

☐ 5871 W. Craig Rd
Las Vegas, NV 89130



☐ 871 Coronado Center Dr., #130
Henderson, NV 89052

☐ 330 S. Rampart Blvd., #360
Las Vegas, NV 89145

PLEASE BRING

☐ Current ID and Insurance Cards ☐ Glasses / Contacts
☐ List of medications and medical records ☐ A driver, you may be dilated
☐ Your visit may be as long as 2 hours, depending on the evaluation necessary
☐ Please arrive 15 minutes early for new appointments in order to complete paperwork