

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> Eva Liang, MD, FACS | <input type="checkbox"/> Michael Pernula, MD | <input type="checkbox"/> Selim T. Koseoglu, MD | <input type="checkbox"/> Adam Schwartz, OD | <input type="checkbox"/> George Bouras, OD |
| <input type="checkbox"/> Jeffrey Hart, MD | <input type="checkbox"/> W. Reed Jaussi, MD | <input type="checkbox"/> Jeylan El-Mansoury, MD | <input type="checkbox"/> Tina Licina, OD | <input type="checkbox"/> Dennis Giang, OD |
| <input type="checkbox"/> Stewart Park, MD, FACS | <input type="checkbox"/> Sylvia Chang, MD | <input type="checkbox"/> Sahba Fakhra, OD, FAAO | | |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Cataract Surgery | <input type="checkbox"/> YAG Laser Evaluation | <input type="checkbox"/> Retinal / Diabetes Evaluation |
| <input type="checkbox"/> LASIK/Refractive Surgery | <input type="checkbox"/> Clinical Research | <input type="checkbox"/> Dry Eyes / Tearing / Blepharitis |
| <input type="checkbox"/> Corneal Surgery | <input type="checkbox"/> Glaucoma Screening | <input type="checkbox"/> Vitreolysis |
| <input type="checkbox"/> Eyelid Surgery | <input type="checkbox"/> Keratitis / Ulcer | <input type="checkbox"/> Strabismus/Amblyopia |
| <input type="checkbox"/> Pterygium Surgery | <input type="checkbox"/> Optic Nerve / Neuro Evaluation | <input type="checkbox"/> Other _____ |

SYMPTOMS

- | | | |
|---|--|---|
| <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU | | |
| <input type="checkbox"/> Decreased Vision | <input type="checkbox"/> Red Eye / Discharge | <input type="checkbox"/> VF Defect |
| <input type="checkbox"/> Pain / Foreign Body Sensation | <input type="checkbox"/> Increased IOP | <input type="checkbox"/> Floaters / Flashes |
| <input type="checkbox"/> Visual Acuity 20/40 or worse | <input type="checkbox"/> Other _____ | |

LOCATION

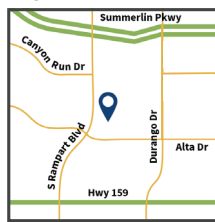
- 5871 West Craig Rd
Las Vegas, NV 89130



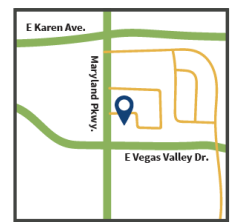
- 871 Coronado Center Dr., #130
Henderson, NV 89052



- 330 South Rampart Blvd., #360
Las Vegas, NV 89145



- 2870 South Maryland Pkwy., #300
Las Vegas, NV 89145



PLEASE BRING

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