

Cavanaugh Eye Center  
 6200 W. 135<sup>th</sup> St. Suite 300  
 Overland Park, KS 66223  
 Phone: (913) 897-9200  
 FAX: (913) 897-9233



## Cataract / RLE Consultation Request Form:

<b>Referral Doctor:</b> _____  <hr/> <b><u>Required Patient Information:</u></b>  ccVA: OD 20 / _____ OS 20 / _____  Pupils (Mesopic): OD _____ OS _____  <b>Manifest Refraction:</b>  OD: _____  OS: _____  <b>Cycloplegic Refraction (for RLE only)</b>  OD: _____  OS: _____  <b>Dominant Eye:    OD    OS</b>  <b>Non Dominant Target:</b> <input type="checkbox"/> Plano <input type="checkbox"/> -1.00 <input type="checkbox"/> Other _____	<b>Patient Name:</b> _____  <b>Patient Phone:</b> _____  <b>Consultation Scheduled?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>Should we contact the patient?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <hr/> <b>Preferred Location:</b> <input type="checkbox"/> Overland Park <input type="checkbox"/> Topeka  <b>NOTES:</b> _____  <hr/> <b>Dry Eye Assessment:</b> Schirmer's II Test    OD _____ mm    OS _____ mm  Rx for Optive, Omega 3 & Restasis ?    YES <input type="checkbox"/> NO  <b>Pertinent Slit Lamp Findings:</b> _____ _____ _____  <b>Dilated Fundus Exam Normal?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b><u>Purpose of Consultation:</u></b> (circle all that apply) <b>OD   OS   OU</b>  <input type="checkbox"/> <b>Cataract Evaluation</b> <input type="checkbox"/> <b>Refractive Lens Exchange</b> <input type="checkbox"/> <b>YAG</b> <input type="checkbox"/> <b>Phakic IOL</b> <input type="checkbox"/> <b>LASIK / PRK</b> <input type="checkbox"/> <b>Cornea Evaluation</b> <input type="checkbox"/> <b>Other</b>
I will Co-Manage this patient? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <b>at:</b> <input type="checkbox"/> <b>1 Day</b> <input type="checkbox"/> <b>1 Week</b> <input type="checkbox"/> <b>1 Month</b> I have discussed our Post-Operative Co-management and billing arrangement. I have educated the patient on Premium Presbyopic IOL options with the "IOLs Easy as 1-2-3" handout. I have educated the patient to discontinue contact lenses for at least one week and RGPs for 1 month + 1 week for each decade of wear prior to the pre-op evaluation.
<b>Doctor's Signature</b> _____

**Fax this form to (913) 897-9233**