



Se habla español
Mówimy po polsku

Doctor Referral Request

PATIENT INFORMATION		REFERRING PHYSICIAN	
Name:		Name:	
Phone:		Address:	
Email:			
DOB:		Phone:	
Insurance		Fax:	
ID Number:		Email:	

Your appointment with Family Eye Physicians has been scheduled

with Dr. _____ In Chicago Oak Lawn Orland Park Buffalo Grove Oakbrook Terrace
on Monday Tuesday Wednesday Thursday Friday Saturday Date: _____ AM PM

INSTRUCTIONS TO PATIENT:

- Please bring your insurance cards and photo ID with you.
- Please bring a valid insurance referral issued by your primary care physician if you have an HMO or Medicare.
- Your eyes will be dilated and you may want to bring a driver with you.
- Plan on being at Family Eye Physicians for 2-3 hours.
- Please bring a list of current medications you are taking, including over the counter medications.
- Directions and maps are on the reverse side.

If you are unable to keep your appointment, kindly give us 24 hours notice.

Reason for Referral

GENERAL

- Blurry Vision/Poor Vision
- Plaquenil Screening
- Pterygium
- Allergy
- Other _____

CATARACTS

- Laser Cataract Surgery
- Multifocal Lens
- Toric Lens
- YAG-Secondary Cataract Laser

CORNEA

- Corneal ulcer
- Keratoconus
- Herpetic keratitis

GLAUCOMA

- Management/Testing SLT
- Migs-iStent Omni Procedure

REFRACTIVE SUGERY

- Lasik
- Pentacam
- Topography

RETINA

- Diabetes
- Macular Degeneration
- Fluorescein Angiogram
- OCT/Bscan
- Fundus Photos
- Injection(Avastin/Eylea)
- Laser Treatment

NEURO-OPHTHALMOLOGY

- Visual Field
- VEP/ERG
- Double Vision
- Papilledema

OCULOPLASTICS

- Ptosis/Blepharoplasty Evaluation
- Eyelid Lesions
- Ectropion/Entropion
- Blepharitis/Chalazion
- Epiphora/Tear Duct
- Botox/Fillers
- Chalazion/Stye

PEDIATRIC OPHTHALMOLOGY

- Failed School Exam
- Amblyopia
- Strabismus
- Blocked Tear Duct
- Myopia Control

UVEITIS AND EXTERNAL DISEASE

- Juvenile Idiopathic Arthritis
- Systemic Lupus Erythematosus
- Rheumatoid and Psoriatic Arthritis
- Other Autoimmune Disease

Consultation Only Consultation & Treatment

Please include exam findings below and/or fax patient exam along with referral form to the appointment location:

Call us at 1-708-636-9393 if you have any questions.

**BUFFALO GROVE**68 W. Dundee Road
Buffalo Grove, IL 60089

Phone: 847-541-3334

Fax: 847-541-8442

**SCHAUMBURG**1760 Wise Rd
Schaumburg, IL 60193

Phone: (847) 524-1700

Fax: (708) 636-2022

**CHICAGO**4459 N. Kedzie Avenue
Chicago, IL 60625

Phone: 773-866-2020

Fax: 773-866-2022

**OAKBROOK TERRACE**17W682 Butterfield Rd
Oakbrook Terrace, IL 60181

Phone: 708-384-0001

Fax: 708-636-2022

**OAK LAWN**6201 W. 95th Street
Oak Lawn, IL 60453

Phone: 708-636-9393

Fax: 708-403-2022

**ORLAND PARK**14494 John Humphrey Drive
Orland Park, IL 60462

Phone: 708-226-9393

Fax: 708-403-5751