

Special Testing Referral Form Fax Form to: 360.449.3094

Patient Name: _____ DOB: _____

Patient Phone: _____ Referral Date: _____

Referring Doctor/Clinic/Phone: _____

Working Diagnosis/Code: _____

Please Schedule For:

- Dry Eye Evaluation - including Keratograph, Inflammadry & Tear Osmolarity
- Diabetic Eye Exam and Interpretation
- Scleral lens fitting
- Glaucoma Evaluation and Interpretation
- Red or painful eye evaluation
- Intense Pulsed Light (IPL)*** - Ocular/Facial Rosacea Treatment
- Lipiflow Thermal Pulsation*** - MGD Treatment
- Low Level Light Therapy (LLLT)*** - MGD/Preventative Hordeolum Treatment
- Recurrent or unresolving hordeolum evaluation/treatment
- Neurolens Evaluation
- Optical Coherence Tomography (OCT) - specify Macula, Optic Nerve, or Both
- Optos Retinal Imaging/Optos Plus w/Autofluorescence
- Prokera - Cryopreserved Amniotic Membrane Treatment
- Zest - Demodex Treatment
- Other: _____

***Dry eye treatments such as, Lipiflow, LLLT, and IPL are not covered by insurance

IN NETWORK

Aetna
BCBS
First Choice Health
HMA
Kaiser Added Choice Lifewise
Medicare
MODA
Pacifsource
Premera
Providence
RGA
Tricare
United Healthcare
UMR
HSA & FSA cards are also accepted

(For any insurance not listed, we will happily check benefits and eligibility for covered services for each patient.)

Comments/Notes/Special Instructions:

OUT OF NETWORK

Cigna
Humana
Kaiser (Unless Added Choice)

Thank you for entrusting the care of your patient with us and referring them to East Vancouver Eye. As always, we make sure your patient knows to continue all comprehensive eye care with you. Please do not hesitate to contact us if you have any questions.

Gary Cole, O.D. * Tracy Dodd, O.D.

Location

6680 NE 159th Ave Suite 102
Vancouver, WA 98682

Keep in Touch

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