Consultation Request

CATARACT AND LASER INSTITUTE

REFERRING DOCTOR

Name _____

Phone _____

Date of exam _____

PATIENT INFORMATION

Name _____

Phone _____

Date of birth _____

REASON FOR CONSULTATION ☐ OD ☐ OS ☐ OU

☐ Cataract evaluation ☐ YAG laser evaluation ☐ Other _____

For cataract evaluation, please provide:

Recommended refractive error outcome: OD_____ OS_____ Prior refractive surgery? ☐ OD ☐ OS

IOL preference: ☐ Undetermined ☐ Single-focus

Premium IOL options:

☐ Single-focus Toric ☐ Extended-range-of-focus ☐ Extended-range-of-focus Toric ☐ Multifocal

☐ *The patient is aware of extra premium IOL services and costs.*
☐ *I have completed extra IOL counseling and testing to help confirm the patient's candidacy.*
☐ *The patient wishes to return to my care for the extra post-op care as soon as their condition is stable.*

Glaucoma: ☐ Patient has mild to moderate OAG and is using topical medications. Consider their candidacy for micro invasive glaucoma surgery (MIGS, which includes iStent) at the time of cataract surgery. Enclosed are current VFs and/or ONH images. Highest known pressures are ____ mm Hg OD and ____ mm Hg OS. I understand MIGS is not available at all PCLI locations.

Corneal stability: ☐ Soft lens wearer ☐ RGP lens wearer ☐ Advised to leave contacts out ____ weeks before PCLI exam.

IMPORTANT NOTE: *For accurate surgery, soft lenses must be left out at least 7 days prior and RGPs at least 3 weeks prior, or until corneal stability is confirmed.*

CLINICAL FINDINGS	**OD**	**OS**
Dominant eye	☐	☐
Refraction (date _____)	_____ 20/_____	_____ 20/_____
IOP: ☐ Air ☐ Applanation ☐ Other	_____ mm Hg	_____ mm Hg

Relevant exam findings _____

Recommendation to patient _____

APPOINTMENT

☐ I have scheduled this patient to be seen at PCLI on: (date) _____ at (time) _____

☐ I would like PCLI to phone this patient to schedule an appointment.

☐ Contact patient about possible PCLI transportation. They understand shuttle service is limited to cataract and YAG surgery patients with transportation challenges within reasonable driving distance.

Signed _____
Referring Doctor

White copy—for your records. Yellow copy—mail or fax to PCLI.
Electronic forms are available at www.odpcli.com.