

# Consultation Request



## 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