

| STILES EYECARE EXCELLENCE CATARACTS AND GLAUCOMA | Patient Consultation Form: ☐ 1st Available ☐ Michael C. Stiles, M.D. ☐ Ann C. Stechschulte, M.D. ☐ Anita Campbell, M.D. ☐ Amanda R. Strom, O.D. |
|---|---|
| Referring Doctor: | Patient Name / Date of Birth: Address: City, State, Zip |
| Phone: Fax: Email: | Phone: Needs to be seen within Days, Weeks, Months Preferred Location: Overland Park Lawrence Topeka |
| Reason for Consultation: (pleading consultation) Cataract Evaluation Complete Glaucoma Evaluation Visual Field Testing (Technical part of the consultation) Optic Nerve Scan (Technical part of the consultation) Pachymetry* I would like to Co-Manage this patients | Evaluation for YAG Capsulotomy Evaluation for Narrow Angle Only)* Visual Field with Interpretation* Optic Nerve Scan with Interpretation* SLT Evaluation |
| Pertinent Patient Information: (Please fax or email patient record to 913-897-3031/see@stileseye.com) Best Correct Visual Acuity: ODOS | |
| Diagnosis & Notes: | |

^{*}Indicates the requesting doctor maintains responsibility of patient's ongoing ophthalmic care.

^{*}Please fax/email this copy to SEE at (fax) 913-897-3031 | see@stileseye.com.