

Patient \_\_\_\_\_

Appointment Date \_\_\_\_\_

DOB \_\_\_\_\_

Time \_\_\_\_\_ With \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_

Reason For Referral:

Referring Physician \_\_\_\_\_

VF    CCT    FUNDUS PHOTOS

Location Referred From \_\_\_\_\_

OCT: Nerve or Retina

Phone \_\_\_\_\_

Other \_\_\_\_\_

Check One:

Within Salt Lake City:

Consult/Second Opinion  \*Tests ONLY

Take a convenient route to State Street and  
5900 South, go east two blocks on 5900 South.  
We are located on the north side, suite 201, the  
second floor of the Cottonwood Medical Plaza.

\*If tests only please indicate:

I will do the interpretation and report

Eye Foundation will do interpretation and report

Current Refraction:

OD \_\_\_\_\_

OS \_\_\_\_\_

IOP \_\_\_\_\_