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**Consultation/Services Request**

Please fax **completed form and attachments** to: Orion Eye Center @ 541-548-3842

**Needs to be seen: Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Emergent (same day) – **in addition to sending records, please call our office directly**
* Urgent (within 48 hours)
* Next available

 Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Based on our review of the patient’s medical information and needs, we will schedule with the most appropriate physician. Please note a specific MD request under “comments” below.**

**Specialty Requested:**

|  |  |  |
| --- | --- | --- |
| **Retina:**   | **Glaucoma:**  | **Cataract/Cornea:**   |

**Patient Information:**

**REQUIRED INFORMATION TO BE INCLUDED:**

* Patient demographic
* Health insurance information
* Last chart note (including testing information)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referring Provider:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Eye: OD OS OU

**Comment/Additional Information:**

 **(Please indicate which office the patient prefers)**

 **Redmond Office**: Phone: 541-548-7170 - 1775 SW Umatilla Ave, Redmond, Oregon 97756

 **Bend Office:** Phone: 541-548-7170 - 1475 SW Chandler Ave, Suite 102, Bend, Oregon 97702