BAYCARE CLINIC
EYE SPECIALISTS

NON-EMERGENT REFERRAL REQUEST

FROM: _____ PHONE #_____

TODAY'S DATE: _____

Patient: _____ DOB: _____ Phone #: _____

Insurance provider: _____

Type of Appointment Requested:

- ☐ 2nd Opinion
- ☐ Consultation – Co-managed care
- ☐ Consultation – Return per your recommendation
- ☐ Transfer of Care

Time Frame:

- ☐ Urgent (3-10 days)
- ☐ Intermediate (10-21 days)
- ☐ Next Available
- ☐ Routine
- ☐ Other: _____

IOP	**MR**	**VA**
OD:_____	OD: _____	OD: _____
OS: _____	OS: _____	OS: _____

Chief Complaint: _____

_____

Diagnosis/Concerns to be addressed: _____

_____

Please check the appropriate box:

Cataracts:

- ☐ Joseph Bergmann, MD
- ☐ Dongmei Chen, MD, PhD
- ☐ Alexander Foster, MD
- ☐ William Reynders, MD
- ☐ Kevin Wienkers, MD
- ☐ (any/first available)

Retina & Vitreous:

- ☐ Jeffrey Shere, MD
- ☐ Wei-Chuan Wang, MD
- ☐ (any/first available)

Low Vision:

- ☐ Brad LaVallie, OD

Oculoplastic & Orbital Surgery:

- ☐ Mark Duffy, MD, PhD

Pediatrics & Strabismus:

- ☐ Lee Woodward, MD
- ☐ Elizabeth Congdon, OD
- ☐ (any/first available)

Glaucoma:

- ☐ Joseph Bergmann, MD
- ☐ Kara Harbick, MD
- ☐ (any/first available)

Please FAX all pertinent medical records to 920-327-7005.
If your request for services is emergent (within 48 hours), please call 920-327-7000.