SAGUARO OPHTHALMOLOGY

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Gilbert, AZ 85295

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F: 480-389-0183

Trent Bowen, MD

Please fax this form to: **480-389-0183**

Monday - Friday: 8:00AM - 5:00PM

REQUESTED APPOINTMENT TIME FRAME

☐ Same Day ☐ Within One Week ☐ Next Available ☐ Other: _____

PATIENT INFORMATION

Patient's Name (First, Middle, Last)			Sex ☐ Male ☐ Female
Address			
City	State	ZIP code	Birth Date (MM/DD/YYYY)
Preferred Phone ☐ cell ☐ home	Patient's Email Address		
Patient Insurance (please also attach copy of insurance card)	Insurance ID Number		

CONSULT INFORMATION

☐ **Glaucoma Evaluation (please include prior HVFs if possible)**

Eye: ☐ Both ☐ Right ☐ Left Severity: ☐ Suspect ☐ Mild ☐ Moderate ☐ Severe Progressing? ☐ Yes ☐ No

Type: ☐ POAG ☐ Narrow Angle ☐ CACG ☐ Uveitic ☐ Steroid ☐ Trauma ☐ NVG

Refraction: OD - _____ _____ x _____ = 20/ _____ IOP: OD - _____ mm Hg

OS - _____ _____ x _____ = 20/ _____ OS - _____ mm Hg

☐ **Cataract Surgery**
- ☐ Toric IOL
- ☐ Multifocal IOL
- ☐ Monovision

☐ **Glaucoma Surgery**
- ☐ MIGS
- ☐ Xen
- ☐ Incisional Surgery
- ☐ CPC or Micropulse

☐ **Laser Procedure**
- ☐ SLT
- ☐ LPI
- ☐ YAG

☐ **Drug Monitoring**
- ☐ Plaquenil
- ☐ Ethambutol

☐ **Diabetic Eye Exam** ☐ **Blurry Vision** ☐ **Dry Eye** ☐ **Pterygium Surgery**

☐ **Eye Injury** ☐ **Eye Pain** ☐ **Other:** _____

REFERRING PROVIDER INFORMATION

Referring Provider's Name	Referring Provider's Email	Cell (for emergencies)
Practice Address		NPI Number
Practice Name	Practice Phone Number	Practice Fax Number

Thank you for your referral!

www.SaguaroEye.com