ILLINOIS EYE INSTITUTE

Request for **Cornea Services**

Illinois Eye Institute - 3241 South Michigan Avenue - Chicago, Illinois 60616-3878
312.225.6200 or 312.949.7271 - www.illinoiseyeinstitute.org

Date of Referral: _____ /_____ /_____

Type of Request: ☐ Evaluation Only ☐ Evaluation & Treatment ☐ Diagnostic Test Only ☐ Diagnostic with Report

Patient Info

Patient Name: _____ **DOB:** _____ /_____ /_____

Phone #1: _____ **Phone #2:** _____

Address: _____ **City/State:** _____ **Zip Code:** _____

Email: _____

Patient Insurance: _____ Is this HMO? ☐ NO ☐ Yes

BCVA: 20/_____OD 20/_____OS **IOP:** _____OD _____OS

Refractive Error: _____ OD _____ OS

Referral Info

Reason for Referral (check all that apply):

☐ RGP Contact Lenses ☐ Toric Contact Lenses ☐ Scleral Contact Lens ☐ Hybrid contact lenses
☐ Multifocal Contact Lenses ☐ Keratoconus Contact Lenses ☐ Custom specialty soft lenses (Kerasoft)
☐ Cosmetic Contact Lens ☐ Prosthetic Eye Evaluation
☐ Corneal Disease Evaluation (specify): _____
☐ Ocular Surface Disease Evaluation (list past treatments): _____
☐ Refractive Surgery Evaluation ☐ Corneal Surgery Consult (specify): _____
Other information: _____

Previous Contact Lenses: _____
I would like to request a specific doctor for my patient? ☐ No ☐ Yes (specify): _____

Cornea/Anterior Segment Diagnostic Testing:

Indication(s): _____ **ICD Code(s):** _____
Anterior Segment OCT: _____ Cornea _____ Iris/Angle
Photos: ☐ Iris ☐ Cornea ☐ Lid/adnexa ☐ Conjunctiva ☐ Other (specify): _____
Other Testing: ☐ Topography ☐ Endothelial Cell Count ☐ Aberrometry ☐ Tear Lab ☐ Meibography
☐ Global Pachymetry Map

Referring Doctor: _____ **Office Phone:** _____
NPI # _____ **Office Fax**: _____

☐ Urgent (<48 hours) ☐ Next Available ☐ Same Day (please call IEI to schedule)
☐ Call my patient to make appointment
☐ My patient will call to schedule appointment
☐ Appointment Made _____ /_____ /_____ at _____ _____

Please send this form to
ieireferrals@ico.edu
Fax: 312-949-7655

FOR IEI USE: Patient Contacted:_____ /_____ /_____ Appt. Made _____ /_____ /_____ at _____ Report sent to referring doctor_____ /_____ /_____
Additional Info: _____