



THE HARMAN EYE CLINIC

EDMONDS EYE, MD

World Class Laser and Cataract Surgery North of Seattle

Consultation Request Form

If you need your patient seen urgently (within 72 hours), please call our office directly at 360-435-8595 (Harman) 425-673-3990 (Edmonds).

Date of Referral: _____ / _____ / _____

Patient's Name: _____ Date of Birth: _____ / _____ / _____

Patient's Phone number: _____

Reason for Referral

Retina Oculoplastics Refractive Strabismus Yag Cap / PCO eval

Cornea Cataract* (order pre-operative testing including corneal topography & biometry)

*Does your patient also have glaucoma? Yes No

For Glaucoma **Please only submit our Glaucoma Consultation Request Form

Other _____

Consulting Physician: _____

Okay to schedule with a different provider if available sooner? Yes No

Clinical findings/areas of concern: _____

Cataract Co-Management:

Patient wishes to return to my office for post-op care.

Patient is aware of the shared billing arrangements and the additional surgical and co-management fees associated with Vision Correction.

Patient prefers The Harman Eye Clinic/Edmonds Eye, MD to manage surgical post-op care.

Your Information

Referring Doctor: _____ Practice: _____

Address: _____

Phone: _____ Fax: _____

Please fax to Corresponding Clinic

The Harman Eye Clinic 903 Medical Center Dr. Arlington, WA 98223
Edmonds Eye, MD 21906 76th Ave W Edmonds, WA 98026

P: 360-435-8595 F: 360-435-5233
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