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Main Line Eye Specialists
and Cosmetic Surgery Associates

mainlineeyespecialists.com

DOCTOR CONSULTATION REQUEST

Please complete this form and fax it back to 610-687-1120. We will be happy to contact your patient directly to schedule an appointment.

Patient Name: _____ _____ _____
First Middle Last

Date of Birth _____/_____/_____ Sex: ❒ M ❒ F Phone:_____
Month Day Year

Alternate Phone: _____

Location Requested: ❒ Wayne, PA 19087 ❒ Plymouth Meeting, PA 19462

I am sending this patient to you for assistance with his/her care. Please evaluate this patient's problem(s) or condition(s) and consider treatment as appropriate. I look forward to receiving your opinion and advice regarding the care of this patient and will resume general care following your consultation.

Reason for Consultation:

Medical Plastics:

- ❒ Ptosis (drooping lids)
- ❒ Entropion / Ectropion
- ❒ Lid or Facial Lesion
- ❒ Eyelid Reconstruction
- ❒ Blepharospasm TX
- ❒ Tear Duct Blockage
- ❒ Thyroid Eye Disease

Cosmetic Plastics:

- ❒ Blepharoplasty
  - Upper Lids
  - Lower Lids
- ❒ Brow/Forehead Lift
- ❒ Botox®
- ❒ Fillers
  - Juvederm®
  - Restylane®
- ❒ Laser Skin Resurfacing

Ophthalmology:

- ❒ Cataract
- ❒ Multi-focal IOL's
- ❒ Anterior Segment

❒ Other Diagnostic Finding or Pertinent History _____

Manual Refraction (Please provide for all cataract and upgraded lens patients):

Present Glasses/RX: OD_____ Add _____ BCVA OD: 20/_____

Present Glasses/RX: OS_____ Add _____ BCVA OS: 20/_____

Visit Requested: ❒Emergency (Call office) ❒Urgent (within 24 hrs.) ❒Priority (3-4 days) ❒Non-Urgent (1-4 weeks)

DOCTOR SIGNATURE_____Date: _____

Direct Appointment Phone #: 610-687-6888

Appointment Made for Date:_____ Staff Initials: _____

124 Bloomingdale Avenue
Wayne, PA 19087

Phone 610-687-6888
Fax 610-687-1120

633 West Germantown Pike
Plymouth Meeting, PA 19462

EMPHASIS OF THE EYES