



NORTHWEST EYE SURGEONS

Consultation Request Form

If you need your patient seen urgently (within 72 hours), please call our office directly at 1-800-826-4631

Date of Referral: ____ / ____ / ____

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

Patient's Cell Phone: _____ Preferred method of contact: ☐ Phone ☐ Text ☐ Email

Patient's Home Phone: _____ Patient Email: _____

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 Northwest Eye Surgeons' Physician: _____

Okay to schedule with a different NWES 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 NWES to manage surgical post-op care.

Your Information

Referring Doctor: _____ Practice: _____

Address: _____

Phone: _____ Fax: _____

Please fax to Corresponding Clinic

Bellingham Ph: 360 676-6233 F: 360 676-6298
Renton Ph: 425 235-1200 F: 425 917-9465
Sequim Ph: 360 683-2010 F: 360 683-2320

Mount Vernon Ph: 360 428-2020 F: 360 428-6918
Seattle Ph: 206 528-6000 F: 206 528-0014
Smokey Point Ph: 360 658-6224 F: 360 658-6227