



University of Colorado Health Eye Center Referral Form

Please attach patient records and insurance card → Fax to 720-848-5079

Central Appointment Line: 720-848-2020 → please call for all urgent referrals and choose option 1

Patient Name:	Patient Insurance: Include a copy of both the front and back of the patient's insurance card with this form
DOB:	Referring Physician:
MRN:	Practice Name:
Gender:	Phone(s):
Address:	Fax:
City, State, Zip:	Email:
Phone(s):	Address:
Primary language:	City, State, Zip:
Does the patient need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Office contact:
Parent/Guardian, if applicable:	Primary Care Physician:
	PCP Phone:

Please refer my patient to the following subspecialty (check):

- ☐ **C**ataract ☐ **C**ornea ☐ **G**laucoma ☐ **L**ow Vision ☐ **N**euro Ophthalmology
☐ Ocular **O**nology ☐ Oculo**P**lastics ☐ Adult **S**trabismus ☐ Refractive **X** ☐ **R**etina ☐ **U**veitis

Preferred Provider(s) (if blank we will use first available): _____

Urgency, within: ☐ STAT (also call 720-848-2020, option 8) ☐ 72hrs ☐ 1-2 weeks ☐ routine

Request for: ☐ Consult; perform surgery at UCH Eye Center if recommended ☐ Second Opinion Only
☐ Assume Care and Treatment

Reason for Referral/Consult:

Premium Services Discussed

- ☐ Toric IOL
☐ Multifocal IOL
☐ Arcuate Incision
☐ Other: _____

☐ Patient informed they must not wear contact lenses for at least two weeks prior to cataract evaluation

Our practice locations (check preferred location, if desired):

- | | |
|---|---|
| <input type="checkbox"/> UCHealth Eye Center - Anschutz
1675 Aurora Court
Aurora, CO 80045 CA CO GLN ON R P S X U | <input type="checkbox"/> UCHealth Eye Center - Colorado Center
Annex Building, Suite 100, 2000 South Colorado Boulevard
Denver, CO 80222 CA CO G R P X |
| <input type="checkbox"/> UCHealth Eye Center - Lone Tree
9552 East Park Meadows Drive, Suite 100
Lone Tree, CO 80124 CA CO R P X | <input type="checkbox"/> UCHealth Eye Center LoDo
1435 Wazee St, Suite 101
Denver, CO 80202 CA CO P X |
| | <input type="checkbox"/> Boulder CA CO G P R
5495 Arapahoe Ave
Boulder, CO 80303 |

Fax completed form with records and insurance card to 720-848-5079

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