



# CAataract Referral Form

## University of Colorado Health Eye Center

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

Central Appointment Line: 720-848-2020 → Please call for all urgent referrals

<b>Patient Name:</b>
DOB:
Gender:
Address:
City, State, Zip:
Best Contact for Scheduling:
Phone(s):
Primary language:
Does the patient need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian, if applicable:

<b>Patient Insurance: Include a copy of both the front and back of the patient's insurance card with this form</b>
Referring Physician:
Practice Name:
Phone(s):
Fax:
Email:
Address:
City, State, Zip:
Office contact:
Primary Care Physician:
PCP Phone:

**Preferred Provider(s)** (if blank we will use first available): \_\_\_\_\_

**Urgency**, within:     STAT (also call 720-848-2020)     Next Available

**Request for:**     Consult; perform surgery at UCH Eye Center if recommended     Co-management

**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

**Additionally, please refer my patient to the following subspecialty (check):**

- C**ornea     **G**laucoma     **L**ow Vision     **N**euro Ophthalmology     **O**culo**P**lastics
- O**cular **O**n**C**ology     **A**dult **S**trabismus     **R**efractive **X**     **R**etina     **U**veitis

**Secondary diagnosis urgency**, within:     STAT (also call 720-848-2020)     Time Sensitive: 1-2 weeks     Next Available

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

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

**Fax completed form with attachments to 720-848-5079**