



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

Patient Name:
DOB:
Gender:
Address:
City, State, Zip:
Best Contact for scheduling:
Phone 1:
Phone 2:
Primary language:
Does the patient need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian, if applicable:

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

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

- C**ataract (Please use cataract referral form) **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) Time Sensitive: 1-2 weeks Next Available

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

Reason for Referral/Consult:

Included in this fax are (check):

- Demographics/Face-sheet
- Insurance Card(front & back)
- Recent visit/ Chart notes
- Imaging
- Other: _____

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

- | | |
|---|--|
| <input type="checkbox"/> UCHealth Eye Center - Anschutz
Anschutz Medical Campus, 1675 Aurora Court
Aurora, CO 80045 CA CO GLNONPRSXU | <input type="checkbox"/> UCHealth Eye Center - Colorado Center
Annex Building, Suite 100, 2000 South Colorado Boulevard
Denver, CO 80222 CA CO GP R X |
| <input type="checkbox"/> UCHealth Eye Center - Lone Tree
9552 East Park Meadows Drive, Suite 100
Lone Tree, CO 80124 CA CO P R X | <input type="checkbox"/> UCHealth Eye Center - LoDo - Denver
1435 Wazee St, Suite 101
Denver, CO 80202 CA CO P X |

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|--|
| <input type="checkbox"/> Boulder CA CO GP R
5495 Arapahoe Ave
Boulder, CO 80303 |
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Fax completed form with attachments to 720-848-5079