Tylock-George Eye Care
3100 N. MacArthur Blvd.
Irving, Texas 75062
Ph. : (972) 258-6400
Fax: (972) 570-1103

REFERRING OPTOMETRIST – SURGERY CONSULATION REQUEST

Referral To: **Dr. Michael R. George, MD**

Patient Name: **DOB:**

Patient Address: **Phone:**

Referring Doctor: **Appt. Time and Date:**

If more than one office, specify location:

Office Phone: **Office Fax:**

Preliminary Diagnosis/Concern:

History:

VA OU: **OD:** **OS:** **IOP: OD:** **OS:**

Reason for referral:

- □ **Consultation with Diagnostic Studies and Treatment as Indicated**
- □ **Consultation Only**
- □ **Diagnostic Testing Only:**
  - □ **Visual Field**
  - □ **Fundus Photos**
  - □ **Corneal Topography**
  - □ **Pachymetry**
  - □ **OCT**
  - □ **Gonioscopy**

This patient is being referred to you for evaluation/treatment of:

- □ **Vision Correction Evaluation**
  - □ **LASIK / PRK**
  - □ **Visian ICL**
  - □ **Clear Lens Exchange**
- □ **Cataract**
  - □ **Standard**
  - □ **Toric (Astigmatism Correcting)**
  - □ **Advanced Technology (Multifocal or Accommodating)**
- □ **YAG Posterior Capsulotomy**
- □ **Glaucoma**
- □ **Pterygium**
- □ **Laser Peripheral Iridotomy**
- □ **Macular Degeneration**
- □ **Dry Eye**
- □ **Diabetes**
- □ **Other:**

Notes: