

2800 3rd Street Rapid City, SD Phone 605-341-2000 Fax 605-791-3331 www.bhrei.com

Abraham, Prema, MD
Retina | Fax 605-719-3321

Berbos, Zachary, FACS MD
Oculoplastics

Bergman, Cory, MD
Cataracts & Comprehensive

Brogden, Neil, OD
Retina

Clark, Shane, OD
Post-Operative Care
& Comprehensive

Jorgensen, Adam, MD
Glaucoma & Cataracts

Khachikian, Stephen MD
Cornea, Cataracts & Refractive

Scarborough, Ryan, OD
Ocular Disease Management
& Post-Operative Care

Schirber, Scott, OD
Laser Vision & Dry Eye
Fax 605-719-3330

Date _____ *Please Include Patient's Last Exam and Any Additional Testing with This Referral

*Patient Name _____ DOB _____

*Patient Phone H) _____ C) _____

*Patient E-Mail _____ (For On-line Registration)

*Medical Insurance _____

Referred By _____ Phone _____

Referral Location _____

***Current Refraction**

OD _____ x _____ = 20/ IOP _____

OS _____ x _____ = 20/ IOP _____

Ocular History _____

Appointment Made
_____/_____/_____

Please Call Patient to Schedule Evaluation

* Please Call Our Office
With URGENT Requests

Cataract Evaluation

Suggested refractive target OD _____ OS _____
Previous LASIK/PRK Yes No
If Yes, is refractive history available Yes No

YAG Laser Capsulotomy

Co-Management of Cataract PO care:

Yes No, I prefer **not** to co-manage
 Medicare Commercial Insurance _____

Glaucoma Evaluation

*Testing available and being sent
with this referral
 Optic Nerve OCT
 Visual Field 24-2

Consider SLT
 Assume Glaucoma Care

Cornea Evaluation

- Oculoplastics Evaluation**
- Ocular Surface / Dry Eye**
- Specialty Contact Lens Fit**
- LASIK or PRK Evaluation**
- Virtual LASIK Consult**

Retina Retinal Tear Retinal Detachment - Urgent Please Call - 605-341-9190

Other _____

Notes: _____

