BLACK HILLS REGIONAL EYE INSTITUTE

Patient Referral Form

Fax 605-791-3331

Phone 605-341-2000

PT. Acct#_____

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

☐ **Brogden, Neil, OD**
Retina

☐ **Khachikian, Stephen MD**
Cornea, Cataracts & Refractive

☐ **Berbos, Zachary, FACS MD**
Oculoplastics

☐ **Clark, Shane, OD**
Comprehensive, Dry Eye & Post-Op Care

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

☐ **Bergman, Cory, MD**
Cataracts & Anterior Segment

☐ **Jorgensen, Adam, MD**
Glaucoma & Cataracts

☐ **Schirber, Scott, OD**
LASIK, Specialty CL & Pre/Post-op Care
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: _____

_____

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