

REFERRING DOCTOR

Name _____
Phone _____
Date of exam _____

PATIENT INFORMATION

Name _____
Date of birth _____ Phone _____
Email _____

REASON FOR CONSULTATION ☐ OD ☐ OS ☐ OU

☐ Cataract evaluation ☐ YAG laser evaluation ☐ Other _____

For cataract evaluation, please provide:

Recommended refractive error outcome: OD _____ OS _____ Prior refractive surgery? ☐ OD ☐ OS

Vision preference: ☐ Premium vision ☐ Standard vision (single-focus IOL) ☐ Undetermined

Premium options:

☐ Astigmatism correction (toric IOL or LRI) ☐ Presbyopia correction (multifocal or extended-focus IOL with astigmatism correction if needed) ☐ Precision light adjustable lens (LAL)

Glaucoma: ☐ Patient has OAG, is using topical medications, and wishes to consider micro invasive glaucoma surgery (MIGS, which includes iStent) at the time of cataract surgery. Enclosed are current VFs and/or ONH images. Highest known pressures are _____ mm Hg OD and _____ mm Hg OS.

Corneal stability: ☐ Soft lens wearer ☐ RGP lens wearer ☐ Advised to leave contacts out _____ weeks before PCLI exam.

IMPORTANT NOTE: For accurate measurements, SCLs must be left out at least **7 days** and RGPs at least **3 weeks** prior to our exam.

CLINICAL FINDINGS

Dominant eye ☐ OD ☐ OS

Refraction (date _____)

OD _____ 20/_____

OS _____ 20/_____

IOP: OD _____ mm Hg OS _____ mm Hg Type _____

Relevant exam findings _____

Recommendation to patient _____

APPOINTMENT

☐ I have called and scheduled this patient to be seen at PCLI on:
(date) _____ (time) _____

☐ I would like PCLI to call this patient to schedule an appointment
at your _____ office location.

POST-OP CARE

I have discussed the importance of post-op care, and the patient understands the location is their choice. Their expressed preference is:

- ☐ To return to me for post-op care
☐ For PCLI to provide post-op care
☐ Undetermined

BILLING FOR PREMIUM VISION POST-OP CARE

Effective March 3, 2025

☐ FOR COFI PROVIDERS:

This patient has agreed to pay for my extra post-op care (beyond the standard procedure) when they pay for surgery. Note: If you are not a CoFi provider but want to get set up to use their service, go to www.cofi.com/pcli

☐ NON-COFI PROVIDERS:

My fees have been declared to this patient and they understand that they will be billed for any post-op care I provide.

Signed _____
Referring Doctor