

REFERRING DOCTOR

Name _____
Phone _____
Date of exam _____

PATIENT INFORMATION

Name _____
Phone _____
Date of birth _____

REASON FOR REFERRAL ☐ OD ☐ OS ☐ OU

☐ Keratoconus ☐ Pellucid degeneration ☐ Post refractive surgery corneal ectasia ☐ Other _____

IMPORTANT NOTICE Soft lenses must be left out at least 7 days prior and RGPs at least 2 weeks prior to our pre-operative evaluation.

MEDICAL HISTORY _____

INDICATIONS

- In general, 15 years or older with the ability to cooperate during treatments
- Progressive corneal ectasia
- Increase in spherical and/or cylindrical component of refraction
- Decrease in best corrected visual acuity
- Topography showing alteration in corneal shape and disease progression

CONTRAINDICATIONS

- Pachymetry less than 400 microns, with some expectations
- Prior herpetic infection
- Current infection
- History of poor epithelial wound healing
- Severe ocular surface disease
- Autoimmune disorders
- Significant corneal scarring
- RGP's no longer provide reasonable vision

FINDINGS THAT SUPPORT PROGRESSION

OD

OS

Baseline topography K's (date _____) _____@_____@_____@_____@
☐ Baseline topography image(s) mailed or shared electronically (please do not fax)

Recent topography K's (date _____) _____@_____@_____@_____@
☐ Recent topography images(s) mailed or shared electronically (please do not fax)

Recent BCVA with RGP (date _____) _____ 20/_____ 20/_____

K readings and/or manifest refraction if topography is not available:

Baseline K readings (date _____) _____@_____@_____@_____@

Recent K readings (date _____) _____@_____@_____@_____@

Baseline manifest refraction (date _____) _____ 20/_____ 20/_____

Recent manifest refraction (date _____) _____ 20/_____ 20/_____

ABNORMAL FINDINGS

OD

OS

Anterior segment _____

Posterior segment _____

Signed _____
Referring Doctor

FAX TO PCLI. ELECTRONIC FORMS ARE AVAILABLE AT WWW.ODPCLI.COM.

Albuquerque ... 505.797.2275	Bellevue 425.462.6429	Chehalis 360.242.4754	Lewiston 208.746.0413	Silverdale 360.698.5231	Tualatin 503.691.5981
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