

REFERRING DOCTOR

Name _____
Phone _____
Date of exam _____

PATIENT INFORMATION

Name _____
Phone _____
Date of birth _____

ASSESSMENT

Working Diagnosis _____ ICD-10 Code (required) _____

PCLI LOCATION REQUESTED

Office _____

SERVICES REQUESTED Some tests are limited to certain PCLI locations.

	OD	OS	OU	
☐ B-scan ultrasonography	☐	☐	☐	
☐ Topography/Pentacam	☐	☐	☐	
☐ Visual field	☐	☐	☐	
☐ Endothelial cell count	☐	☐	☐	Available in Anchorage, Bellevue, Boise, Chehalis, Great Falls, Kennewick, Spokane, Tacoma, and Tualatin
☐ Anterior segment photos	☐	☐	☐	Not available at Auburn, Lacey, Silverdale, or Tacoma
☐ Disc photos	☐	☐	☐	Not available at Great Falls, Lewiston, or Silverdale
☐ Fundus photos	☐	☐	☐	Not available at Auburn, Great Falls, or Silverdale
☐ Optical coherence tomography				
Angle analysis	☐	☐	☐	
Corneal analysis	☐	☐	☐	
Macular analysis	☐	☐	☐	
Optic nerve head analysis	☐	☐	☐	
Glaucoma analysis (RNFL/GCC)	☐	☐	☐	

If visual field, fundus photos, or OCT is requested, please provide refraction.

OD _____ 20/_____ OS _____ 20/_____

Can patient be safely dilated with tropicamide and phenylephrine? ☐ Yes ☐ No

If no, please explain _____

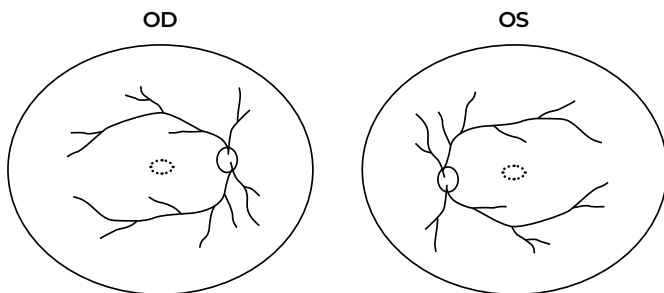
AREAS OF INTEREST

If OCT or photos are requested, please indicate and/or comment on the area of interest _____

TEST INTERPRETATION

Unless requested, all tests will be provided without interpretation. Do you want us to interpret test results for you?

☐ Yes ☐ No



Signed _____

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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
Anchorage.....907.272.2428	Bellingham.....360.738.6853	Great Falls.....406.452.1020	Lacey.....360.252.1646	Spokane.....509.456.5381	Vancouver.....360.694.1356
Auburn.....253.679.0483	Boise.....208.385.0050	Kennewick.....509.735.6868	Portland.....503.535.2887	Tacoma.....253.276.0095	Yakima.....509.966.5101