Gregory E. Sutton, M.D.
Vincent J. Sutton, M.D.
Thomas A. Graul, M.D.
Matthew H. Wood, M.D.
Donald P. Sauberan, M.D.
Daniel A. Chruscicki, M.D.

eye surgical associates

Jordan J. Rixen, M.D.
Thomas J.E. Clark, M.D.
Samuel L. Thomsen, M.D.
Colby L. Argo, M.D.
Tejus Pradeep, M.D.
Kaylyn R. Jackman, O.D.
Alexis A. McCurdy, O.D.

REQUEST FOR CONSULTATION

Patient's Name_____ **DOB**_____ **Patient's Phone**_____

REQUESTED CONSULTANT(s): PLEASE CIRCLE REQUESTED DOCTOR(s)

G.Sutton / V.Sutton / Graul / Wood / Sauberan / Chruscicki / Rixen / Clark / Thomsen / Argo / Pradeep

TYPE OF CONSULTATION: (PLEASE CHECK BOX IN EACH SECTION)

- ❑ Consult and render **opinion only**.
- ❑ Consult, and if in best interest of patient *and* surgeon deems appropriate, then initiate **co-management** of this patient with me.
- ❑ Consult and **manage** this temporary problem, **then** if surgeon deems appropriate**, return** patient to me when resolved.
- ❑ I am referring this patient to you for management. I will continue to provide this patient's routine eye care and spectacle needs.

REASON FOR CONSULTATION: (PLEASE CHECK BOX)

- ❑ Glaucoma ❑ Lids/Oculoplastics ❑ Strabismus ❑ Retina ❑ Cornea/Refractive
- ❑ Cataract Consultation. I have reviewed refractive lens options; my patient is interested in:
  (PLEASE CIRCLE) Monofocal IOL / Toric IOL / Multifocal IOL
  Has this patient trialed monovision contacts? Yes / No
- ❑ Other: _____

****TO ASSIST OUR DOCTORS, *PLEASE FORWARD EXAM NOTES AND TESTING WITH THIS FORM!***

- ❑ **This patient has been instructed to call Eye Surgical Associates (ESA) for an appointment.**
- ❑ **Please call patient to schedule an appointment.**
- ❑ **Referring office has arranged an ESA appointment for this patient on**_____**.**

Please report findings to me by: ❑ Phone #_____

❑ Fax #_____

Referring Doctor's Name_____ Date_____

Practice Address_____

1710 South 70th Street, Lincoln, NE 68506
Phone: (402) 484-9000 Fax: (402) 483-4223 www.esa-neb.com.