



CENTRAL UTAH EYE

Advanced Eye Treatment & Surgery

Patient Name: _____ DOB: _____ Exam Date: _____

Patient Phone: _____ Referring Doctor: _____

Dr. Kevin Kirk,

I am sending this patient to you for assistance with his/her care. Please evaluate this patient's condition(s):

and consider treatment as appropriate. I look forward to receiving your opinion and advice regarding care of this patient, and will resume general care following your consultation.

Signed: _____

(Referring Doctor)

Please have the patient scheduled:

- Same Day (phone contact requested)
- Next Day (phone contact requested)
- Within 1 week
- Within 2 weeks

How would you like to be notified of the results of the consultation?

- Mail report to: _____
- Fax the report to: _____
- Call the referring Doctor with results at: _____

Thank you for the opportunity to assist in the care of your patient. Please fax this form to **435-287-0564** in advance of your patient's appointment **along with your most recent patient chart/medical records and notes**, and ask the patient to bring a copy of this form on the day of appointment.

Instructions to Patient:

- Please bring this form with you to our office.
- Your eyes will be dilated and we advise that you have a driver.
- If you need a referral from your insurance plan, please be sure to obtain one prior to your visit.
- Please bring your insurance cards, a photo ID and a list of any medication that you are currently taking.

Kevin Kirk, MD

Central Utah Eye Clinic / Richfield / Gunnison / Mt. Pleasant

PHONE: 435-287-0563 / **FAX:** 435-287-0564 / **WEB:** www.centralutaheye.com