Eye Consultants of Silicon Valley
Carey Vision Medical Group

Comprehensive Ophthalmology • Retina • Glaucoma • Cataract • Laser Surgery

Bart Carey, MD   George Hewes, MD   Erin Lally, MD   Peter Rutti, MD

Ophthalmology Referral

Referring Doctor: ______________________________ Date: ____________

Patient's Name: ______________________________ Phone: ____________

Reason for Consult/Testing: ______________________________

____

Vision R: ______________________________ 20/ ________

L: ______________________________ 20/ ________

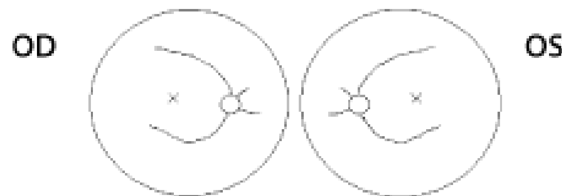
Clinical Information

____

____

Fundus Area of Interest

OD



OS

Consultation/Reason for Visit:

- ☐ Cataract
- ☐ Retina Consult
- ☐ Glaucoma Consult
- ☐ Diabetic Eye Exam
- ☐ Chalazion or Lid Lesion Removal
- ☐ Flashes or Floaters
- ☐ Iritis/Uveitis
- ☐ Infection or Corneal Ulcer
- ☐ Red Eye

OCT

☐ Optic Nerve ☐ Macula ☐ Anterior Segment

Fundus Photos

☐ Discs ☐ Macula ☐ Other (describe) ________

- ☐ Humphrey Visual Field
- ☐ Foreign Body Removal
- ☐ Visual Changes
- ☐ Other: ______________________

Appointments may be scheduled by Phone, Fax, or E-mail (consult@careyvision.com)

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