

REQUEST FOR CONSULTATION

Requested By Dr. _____ OD MD DO PA Date: ___/___/___

Location: _____ Phone: _____ Fax: _____

Requested Doctor

First Available William Richheimer, MD Audrey Hudson, OD

First Available MD Zachary Vest, MD Madeline Graber, OD

Patient Data Patient Name: _____ DOB: ___/___/___

Phone: Cell: _____ Home: _____ Work: _____

Email: _____ Insurance: _____

Consult Information

(OK to skip and attach chart notes)

Manifest Refraction (if applicable):

OD: _____ - _____ x _____ = _____

OS: _____ - _____ x _____ = _____

Cataract Surgery Pterygium Surgery

Interested in (check all that apply):

Toric IOL Multifocal IOL Glaucoma

Monovision Keratitis

LASIK/Refractive Optic Nerve/Neuro Evaluation

Corneal Surgery Retina/Diabetes

Eyelid Surgery Dry Eyes/Tearing

YAG Surgery Other _____

Symptoms

Decreased Vision Increased IOP

Pain/Foreign Body Sensation VF Defect

Red Eye/Discharge Floaters/Flashes

Glare Other _____

Co-Management

Yes, this patient would like to be co-managed.

No, please treat and refer back when resolved.

Other _____

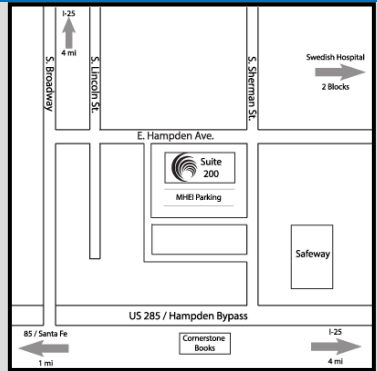
Appointment

Please call patient to schedule appointment.

Scheduled for: Date: _____ Time: _____

Location

MHEI Main Office
 (map shown at right)
 180 E. Hampden Ave.
 Ste. 200
 Englewood, CO 80113
 303-482-1300



MHEI Satellite Offices (Dr. Richheimer only):

Vail
 1140 Edwards Village Blvd.
 Edwards, CO 81632

Goodland, KS
 Goodland Regional
 Medical Center

Broomfield
 13605 Xavier Ln., Ste. G
 Broomfield, CO 80023

Other Ways to Refer

Dr. Richheimer – Cell: 720-949-5316
 Secure Email: DrR@mhei.com

Dr. Vest – Cell: 214-728-4158
 Secure Email: DrVest@mhei.com

Practice Manager – Michelle Lopez Galindo – 303-482-1300, Ext. 9
 Secure Email: Michelle@mhei.com