

## REQUEST FOR CONSULTATION

**Requested By** Dr. \_\_\_\_\_  OD  MD  DO  PA Date: \_\_\_/\_\_\_/\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Requested Doctor**  First Available  William Richheimer, MD  Bryce Brown, OD  
 First Available MD  Zachary Vest, MD

**Patient Data** Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Insurance: \_\_\_\_\_

**Consult Information**  Cataract Surgery  Pterygium Surgery  
 Interested in (check all that apply):  Glaucoma  
 (OK to skip and attach chart notes)  Toric IOL  Multifocal IOL  Keratitis  
 Manifest Refraction  Monovision  Optic Nerve/Neuro Evaluation  
 (if applicable):  LASIK/Refractive  Retina/Diabetes  
 OD: \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  Corneal Surgery  Dry Eyes/Tearing  
 OS: \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  Eyelid Surgery  Other \_\_\_\_\_  
 YAG Surgery

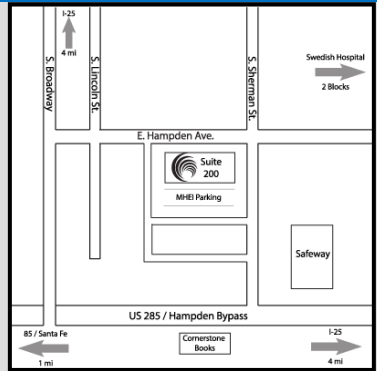
**Symptoms**  Decreased Vision  Increased IOP  
 Pain/Foreign Body Sensation  VF Defect  
 Red Eye/Discharge  Floaters/Flashes  
 Glare  Other \_\_\_\_\_

**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):**

**Castle Pines**  **Vail**  
 250 Max Dr., #101 1140 Edwards Village Blvd.  
 Castle Pines, CO 80108 Edwards, CO 81632

**Broomfield**  **Goodland, KS**  
 13605 Xavier Ln., Ste. G Goodland Regional  
 Broomfield, CO 80023 Medical Center

**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

**Dr. Brown** – Cell: 330-289-8049  
 Secure Email: DrBrown@mhei.com

**Practice Manager – Michelle Lopez Galindo** – 303-482-1300, Ext. 6  
 Secure Email: Michelle@mhei.com