

## REQUEST FOR CONSULTATION

**Requested by** Dr. \_\_\_\_\_  OD  MD  DO  PA  NP Date \_\_\_/\_\_\_/\_\_\_

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

**Requested Doctor**

First Available  William Richeimer, MD  Madeline Graber, OD  
 First Available MD  Zachary Vest, MD  Audrey Hudson, OD  
 Lisa Reyes, OD

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

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

Insurance \_\_\_\_\_

**Consult Information**

(OK to skip and attach chart notes)

Manifest Refraction (if applicable):  
 OD: \_\_\_ - \_\_\_ x \_\_\_ = \_\_\_  
 OS: \_\_\_ - \_\_\_ x \_\_\_ = \_\_\_

Interested in (check all that apply):

Cataract Surgery  Yag Surgery  
 Toric IOL  Multifocal IOL  Pterygium Surgery  
 Monovision  Crosslinking  Glaucoma  
 LASIK/Refractive  Dry Eyes/Tearing  
 Corneal Surgery  Other: \_\_\_\_\_

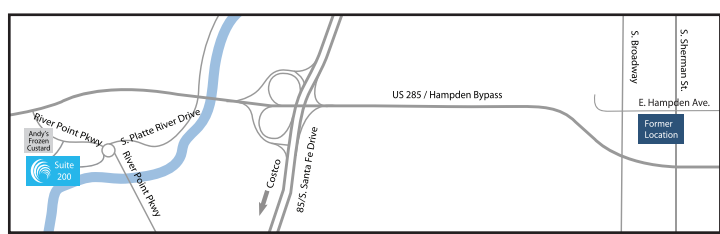
**Symptoms**

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

**Co-Management**  Yes, this patient would like to be co-managed.  Other: \_\_\_\_\_  
 No, please treat and refer back when resolved.

**Appointment**  Please call patient to schedule appointment.  
 Scheduled for: Date \_\_\_\_\_ Time \_\_\_\_\_

**Location**  **MHEI Main Office (map below)**  
 3535 River Point Pwy, Ste 200, Sheridan, CO 80110



**MHEI Satellite Offices: (Dr. Richeimer only)**

**Broomfield**  
 13605 Xavier Lane, Broomfield, CO 80023

**Vail**  
 1140 Edwards Village Blvd., B-206  
 Edwards, CO 81632

**Goodland**  
 Goodland Regional Medical Center, Kansas

**Other Ways to Refer**

**Practice Manager** - Email: [practicemanager@mhei.com](mailto:practicemanager@mhei.com)

**Dr. Richeimer** - Cell: 720.949.5316 Email: [DrR@mhei.com](mailto:DrR@mhei.com)

**Dr. Vest** - Cell: 214.728.4158 Email: [DrVest@mhei.com](mailto:DrVest@mhei.com)

**Dr. Graber** - Cell: 574.721.1048 Email: [DrGraber@mhei.com](mailto:DrGraber@mhei.com)

**Dr. Hudson** - Cell: 541.968.4741 Email: [DrHudson@mhei.com](mailto:DrHudson@mhei.com)

**Dr. Reyes** - Cell: 402.981.8030 Email: [DrReyes@mhei.com](mailto:DrReyes@mhei.com)

(all emails are secure)