



# The Eye Center

Ophthalmic Surgeons & Consultants of Ohio

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## Consultation Request

Patient's Name: \_\_\_\_\_

Appointment:

Date: \_\_\_\_\_ at \_\_\_\_\_  a.m.  
 p.m.

- |                                                             |                                                                |
|-------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> N. Douglas Baker, M.D., F.A.C.S.   | <input type="checkbox"/> Alice T. Epitropoulos, M.D., F.A.C.S. |
| <input type="checkbox"/> John A. Burns, M.D., F.A.C.S.      | <input type="checkbox"/> Jill A. Foster, M.D., F.A.C.S.        |
| <input type="checkbox"/> Kenneth V. Cahill, M.D., F.A.C.S.  | <input type="checkbox"/> David M. Lehmann, M.D.                |
| <input checked="" type="checkbox"/> Cameron B. Nabavi, M.D. |                                                                |

Office: \_\_\_\_\_

- Please Evaluate:
- |                                                         |                                                |
|---------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Ptosis                         | <input type="checkbox"/> Open Angle Glaucoma   |
| <input type="checkbox"/> Epiphora                       | <input type="checkbox"/> Narrow Angle Glaucoma |
| <input type="checkbox"/> Lid Lesion                     | <input type="checkbox"/> Glaucoma Suspect      |
| <input type="checkbox"/> Cataract                       | <input type="checkbox"/> Visual Field Defect   |
| <input type="checkbox"/> Cosmetic Eye Lid Laser/Surgery |                                                |
| <input type="checkbox"/> Refractive Laser/Surgery       |                                                |
| <input type="checkbox"/> Glaucoma Laser/Surgery         |                                                |

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Your examination results and the suggestions by the above physicians will be discussed with you in detail and a letter is usually sent to the referring doctor.

***If you are unable to keep this appointment,  
please call our office 24 hours in advance to reschedule***

*Maps to Ophthalmic Surgeons & Consultants of Ohio, Inc. are located on the reverse side.*