Carbon Valley Eye Care

5900 Keyes St. Suite 101
Frederick, CO 80504
P: 303-833-1056
F: 303-833-1057

Referral Form

Please FAX to 303-833-1056. If urgent, please call as well.

Referring Provider/Office _____ Date _____

Referring Provider Phone _____ FAX _____

Patient Name _____ DOB _____

Phone Number _____ Insurance _____

ICD10 _____

Service / Testing Requested

YAG ☐OD ☐OS ☐OU **SLT** ☐OD ☐OS ☐OU

OCT* (Topcon Maestro OCT-1) ☐Retina ☐Optic Nerve ☐OD ☐OS ☐OU

HVF* ☐OD ☐OS ☐OU

Test Protocol: ☐24-2 ☐10-2 ☐Other: _____

Please indicate the reason for referral, any special instructions, and send pertinent records.

_____

_____

_____

_____

*We do not offer test interpretation. We will perform the ordered test(s) and bill for the technical component only.