



PATIENT EXAM DATE: \_\_\_\_\_  
 PHYSICIAN PREFERENCE  
 \_\_\_ NO PREFERENCE  
 \_\_\_ LES I. SIEGEL, M.D., F.A.C.S.  
 \_\_\_ MATTHEW E. CITRON, D.O., F.A.C.S.  
 \_\_\_ MICHAEL J. SIEGEL, M.D., F.A.C.S.  
 \_\_\_ FAISAL Y. RIDHA AL-TIMIMI, M.D.

\_\_\_ GLAUCOMA AND / OR \_\_\_ CATARACT EVALUATION

Patient Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone # \_\_\_\_\_

Referring Doctor Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_ THE APPOINTMENT IS SCHEDULED FOR \_\_\_\_\_

\_\_\_ PATIENT WILL CALL FOR AN APPOINTMENT \_\_\_ GCM WILL CALL TO SCHEDULE APPOINTMENT

**GLAUCOMA EVALUATION**

\_\_\_ Ocular Hypertension  
 \_\_\_ Open Angle Glaucoma  
 \_\_\_ High Intraocular Pressure  
 \_\_\_ Suspicious Cup to Disc Ratio  
 \_\_\_ Narrow Angle Glaucoma  
 \_\_\_ Other \_\_\_\_\_

**CATARACT EVALUATION**

**CO-MANAGEMENT** \_\_\_ YES \_\_\_ NO

Visual Needs:

(Check the patient's primary interest)

**NEAR**

\_\_\_ Fine Print  
 \_\_\_ Sewing  
 \_\_\_ Phone Book

**INTERMEDIATE**

\_\_\_ Computer  
 \_\_\_ Dining Table/Cooking  
 \_\_\_ Playing Cards

**DISTANCE**

\_\_\_ Golf  
 \_\_\_ Driving  
 \_\_\_ Movies/ TV

Patient Priority / Goal: \_\_\_ Maximize freedom from glasses \_\_\_ Maximum distance vision

Target Refraction: \_\_\_\_\_ OD \_\_\_\_\_ OS

Patient Interested in: \_\_\_ Presbyopic IOL \_\_\_ Bilateral Distance \_\_\_ Monovision

CURRENT EYEGLOSS PRESCRIPTION: OD \_\_\_\_\_ OS \_\_\_\_\_

PERTINENT FINDINGS: \_\_\_\_\_

**THE PATIENT IS BEING REFERRED FOR TESTING ONLY**

\_\_\_ Visual Field \_\_\_ OCT \_\_\_ Fundus Photos \_\_\_ Pachymetry \_\_\_ Other \_\_\_\_\_

Please specify diagnosis \_\_\_\_\_

Top copy for referring office; center copy to patient; fold & return bottom copy using mailing label on back or fax to 248-356-0424