

Consultation Request Form

* This form is provided for the convenience of our referring doctor's offices so that important demographic and clinical information will be available at the time of your patient's consultation visit with Dr. Klapper.

* If your staff would prefer, please contact our office by telephone with the information below.

Referring Dr's Name: _____ M.D./O.D./D.O. NPI _____
Your Office Telephone # (_____) _____ - _____ **Fax #** (_____) _____ - _____
Address: _____
(Street, Suite) City State Zip

PATIENT'S NAME: _____
Address: _____
(Street, Suite) City State Zip
Phone: (_____) _____ - _____ **Cell Phone/Alternate** (_____) _____ - _____
D.O.B. ____/____/____

Insurance Co Name: _____ **ID#:** _____ **Group#:** _____

Clinical Info

Visual Acuity: Right - 20/____ **Left - 20/**____ **Affected area:** _____

Diagnosis/Reason for Consultation: (go to Disorders to learn more about your patient's diagnosis and possible treatment)

(please check all that may apply)

- Anophthalmos Blepharospasm Blind, painful eye Chalazion/Stye
- Cosmetic Consult Dermatochalasis/Blepharoplasty Ectropion Entropion
- Orbital Fracture Ptosis Tearing (Epiphora) Thyroid Eye Disease
- Eyelid/Face Lesion Skin Cancer (circle type if known) BCCA/SCCA/Sebaceous cell/Melanoma

Other, Please Describe: _____

Would you like our office to contact the patient to schedule? Yes No

How soon does your patient need to be seen? Next avail Urgent(1-3 days) Today

Time of Day Preference: Morning Afternoon

If appointment confirmed by phone – date: ____/____/201__ **time:** ____:____ AM PM

Office Location: (directions to offices available for download on www.klapperplasticsurgery.com)

- North Indy - 11900 N. Pennsylvania St. Suite 104, Carmel (Penn Medical Plaza)
- South Indy - 5255 E. Stop 11 Rd. #410 (St. Francis Hospital Indianapolis)
- Columbus - 3135 Middle Road (Pankratz Eye Institute)

Thank you for allowing Klapper Eyelid & Facial Plastic Surgery to participate in your patient's medical care.