



Midwestern University Eye Institute

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Glendale, AZ 85308
Phone: (623) 537-6000
Fax: (623) 806-7210

**This form is not intended for emergency referrals.
For Emergency Referrals please contact us directly at 623-537-6000.**

Please fax this form, **ALONG WITH ANY PATIENT RECORDS**, to: **623-806-7210**

Referred for: **Ophthalmology**

- Cataract Consultation
- Cross Linking (CXL) Treatment for Keratoconus
- Corneal Consultation
- LASIK Evaluation/Refractive Surgery Evaluation
- Anterior Segment Consultation & Procedures (ex: YAG, cautery, chalazion, etc.)
- Other: _____

Reason for referral/pertinent clinical findings:

Patient Information:

Patient's Name: _____

DOB: _____ Phone Number: _____

Insurance: _____ Referral Date: _____

Would you like us to contact the patient for an appointment? Yes No

The patient has been scheduled on _____

Referring Physician: _____

Office Address: _____

Phone Number: _____ Fax Number: _____

Date: _____

We kindly thank you for your referral