Midwestern University
Eye Institute 5865 W.
5865 W. Utopia Rd.
Glendale, AZ 85308
Phone: 623-537-6000
Fax: 623-806-7255
www.mwuclinics.com/Arizona

Healthcare Professionals Referral Form

Instructions:

Please fax this form, **ALONG WITH ANY PATIENT RECORDS**, to fax number: **623-806-7255**. Required fields are indicated with an asterisk (*).

This form is not intended for emergency referrals. Please contact us at 623-806-7272 for emergencies.

Referred for (please check all that apply)*:

- ☐ Primary/Routine Eye Care
- ☐ Acquired/Traumatic Brain Injury/Concussion
- ☐ Binocular Vision/Vision Therapy/Strabismus
- ☐ Diabetic Eye Exam
- ☐ Diagnostic Testing
- ☐ Dry Eye
- ☐ Electrodiagnostics
- ☐ Low Vision/Visual Rehabilitation
- ☐ Myopia Control/Management
- ☐ Ocular Disease
- ☐ Ocular Prosthetics
- ☐ Pediatrics/School Eye Exam
- ☐ Plaquenil Screening
- ☐ Specialty Contact Lens
- ☐ Sports Vision Performance
- ☐ Other _____

Reason for Referral/Pertinent Clinical Findings*:

_____

_____

_____

Patient Information:

Patient's Name*:_____

Date of Birth*:_____ Phone Number*: _____

Insurance*:_____ Referral Date*: _____

Referring Provider:

Referring Physician*:_____

Office Address*:_____

Phone Number*:_____ Fax*:_____ Date*: _____

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

The patient has been scheduled on _____

We kindly thank you for your referral