

## Healthcare Professionals Referral Form

### Instructions:

Please fax this form, **ALONG WITH ANY PATIENT RECORDS**, to fax number: **630-743-4839**. Required fields are indicated with an asterisk (\*).

### Referral Information (please check all that apply)\*:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Acquired Brain Injury                    | <input type="checkbox"/> Dry Eye                      | <input type="checkbox"/> Ocular Prosthetics        |
| <input type="checkbox"/> Contact Lens                             | <input type="checkbox"/> Eye Pain/Eye Strain          | <input type="checkbox"/> Pediatric/School Eye Exam |
| <input type="checkbox"/> Developmental Disabilities Exam          | <input type="checkbox"/> Flashes/Floaters             | <input type="checkbox"/> Plaquenil Screening       |
| <input type="checkbox"/> Diabetic Eye Exam                        | <input type="checkbox"/> Foreign Body/Trauma          | <input type="checkbox"/> Red Eye                   |
| <input type="checkbox"/> Double Vision                            | <input type="checkbox"/> Headaches                    | <input type="checkbox"/> Routine Eye Care          |
| <input type="checkbox"/> Driving Simulator<br>Assessment/Training | <input type="checkbox"/> Loss of Vision               | <input type="checkbox"/> Strabismus/Eye Turn       |
|   | <input type="checkbox"/> Low Vision/Vision Impairment | <input type="checkbox"/> Other _____               |

### Additional Information / Accommodations Needed:

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### Patient Information:

Name\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Insurance\*: \_\_\_\_\_

### Referring Provider:

Name\*: \_\_\_\_\_ Specialty\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Fax\*: \_\_\_\_\_

# MIDWESTERN UNIVERSITY CLINICS

## From I-355

- Take I-355 to the IL-56/Butterfield exit
- Head west on IL-56W/Butterfield Road for about 0.3 miles
- Turn left (south) at Woodcreek Drive
- Keep left at the fork at Lacey Road and drive for 0.8 miles
- Turn right (west) onto Woodcreek Drive and go 1/2 block to clinic driveway entrance on your left
- Please note that the parking garage is located directly behind the Multispecialty Clinic and NOT on Lacey Road

## From I-88

- Take I-88 to I-355 North
- In 2.3 miles, take the IL-56/Butterfield exit
- Turn left (west) on IL-56W/Butterfield Road for about 0.3 miles
- Turn left (south) at Woodcreek Drive
- Keep left at the fork at Lacey Road and drive for 0.8 miles
- Turn right (west) onto Woodcreek Drive and go 1/2 block to clinic driveway entrance on left
- Please note that the parking garage is located directly behind the Multispecialty Clinic and NOT on Lacey Road

## From Ogden Ave:

- Go north on Finley Road for about 1 mile
- Turn left onto Lacey Road for about 0.4 miles
- Continue on Lacey Road PAST the Multispecialty Clinic
- Turn left (west) onto Woodcreek Drive
- Proceed 1/2 block to clinic driveway entrance on left
- Please note that the parking garage is located directly behind the Multispecialty Clinic and NOT on Lacey Road

## Alternative Transportation:

DuPage County Senior Services:  
800-713-7445

York Township Senior Ride Program:  
630-620-2413

## MIDWESTERN UNIVERSITY MULTISPECIALTY CLINIC

*Your Family's Home  
for Healthcare*

**3450 Lacey Road  
Downers Grove, IL  
60515 630-743-4500  
www.mwuclinics.com**

