



NORTHEAST OHIO  
EYE SURGEONS

# General Consultation Request

Date: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Lawrence Lohman, M.D.    | <input type="checkbox"/> Katie Greiner, O.D.        | <input type="checkbox"/> Samantha R. Zaczyk, O.D.        |
| <input type="checkbox"/> Marc Jones, M.D.         | <input type="checkbox"/> Katie Hastings Zajac, O.D. | <input type="checkbox"/> Amy Fernandez, O.D.             |
| <input type="checkbox"/> Matthew Willett, M.D.    | <input type="checkbox"/> Marcella Pipitone, O.D.    | <input type="checkbox"/> Sara Prusinski, O.D.            |
| <input type="checkbox"/> Thomas S.K. Chi, M.D.    | <input type="checkbox"/> Elizabeth Muckley, O.D.    | <input type="checkbox"/> Christine Beiling-Sheerer, O.D. |
| <input type="checkbox"/> Elizabeth Esparaz, M.D.  | <input type="checkbox"/> William Rudy, O.D.         | <input type="checkbox"/> Timothy Earley, O.D.            |
| <input type="checkbox"/> Rachel Davis, M.D.       | <input type="checkbox"/> Emma Reynolds, O.D.        | <input type="checkbox"/> Sandra Travaglianti, O.D.       |
| <input type="checkbox"/> Myron E. Bodnar, M.D.    | <input type="checkbox"/> David B. Beckett, O.D.     | <input type="checkbox"/> Jenna Bernard, O.D.             |
| <input type="checkbox"/> Daniel Daroszewski, M.D. | <input type="checkbox"/> Jennifer S. Vincent, O.D.  |  |

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

NEOES Appointment Date: \_\_\_\_\_  
 Please have NEOES call patient directly to schedule appointment

<input type="checkbox"/> Cataract Evaluation	<input type="checkbox"/> Retina	<input type="checkbox"/> Scleral Lens Fitting
<input type="checkbox"/> PCO/YAG Evaluation	<input type="checkbox"/> Red Eye	<input type="checkbox"/> Vision Therapy
<input type="checkbox"/> LASIK Evaluation	<input type="checkbox"/> Flashers/Floaters	<input type="checkbox"/> Low Vision Services
<input type="checkbox"/> Corneal Evaluation/Cross-Linking	<input type="checkbox"/> Reduced Vision/Visual Field Defect	<input type="checkbox"/> TESTING ONLY/NO EXAM (list test): _____
<input type="checkbox"/> Glaucoma Evaluation	<input type="checkbox"/> Diplopia	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Lid/Oculoplastics		

**ALL Consultations, please provide refractive error and best corrected vision:**  
 Date of latest Manifest Refraction (MR): \_\_\_\_\_  
 OD: \_\_\_\_\_ 20/ \_\_\_\_\_ CL RX: OD: \_\_\_\_\_  
 OS: \_\_\_\_\_ 20/ \_\_\_\_\_ OS: \_\_\_\_\_

Any history of Contact Lens Wear?: Yes No  
 Multifocal CLs? Good Fair Poor Never Attempted  
 Monovision? Good Fair Poor Never Attempted  
 Best tolerated add: \_\_\_\_\_ Near Eye: OD OS

**Glaucoma-related consults: Any past information is helpful including pre-tx IOP, previous glaucoma meds, cup-to-disc ratios, and if available, send copy of all THRESHOLD visual fields, pachymetry, and copy of optic nerve/NFL analyzers.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ IOP: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ IOP: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ IOP: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mo Year Ta, Tp, NCT Mo Year Ta, Tp, NCT Mo Year Ta, Tp, NCT

Pertinent Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Consultation Request:** Please evaluate, consider treatment, and/or render your opinion regarding this patient's ocular condition. I look forward to receiving your opinion and will resume general eye care following consultation.  
 **Transfer Care:** Please evaluate, treat and care for this patient.

Referring Doctor's Signature: \_\_\_\_\_ Referring Doctor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Please fax all consult requests prior to patient's scheduled appointment. See office fax numbers on reverse side of this form.



## Doctors and Locations

**Lawrence Lohman, M.D.**  
(Kent, Stow)

**Marc Jones, M.D.**  
(Akron, Kent, Stow)

**Matthew Willett, M.D.**  
(Akron, Stow)

**Thomas S.K. Chi, M.D.**  
(Medina-Reserve Commons,  
Wadsworth)

**Elizabeth Esparaz, M.D.**  
(Akron, Kent, Stow)

**Rachel Davis, M.D.**  
(Akron, Kent, Stow)

**Myron E. Bodnar, M.D.**  
(Medina-Reserve Commons,  
Wadsworth)

**Daniel Daroszewski, M.D.**  
(Akron, Kent, Stow)

**Katie Greiner, O.D.**  
(Stow)

**Katie Hastings Zajac, O.D.**  
(Akron, Kent, Stow)

**Marcella Pipitone, O.D.**  
(Akron, Stow)

**Elizabeth Muckley, O.D.**  
(Akron, Kent, Stow)

**William Rudy, O.D.**  
(Kent, Stow)

**Emma Reynolds, O.D.**  
(Akron, Kent, Stow)

**David B. Beckett, O.D.**  
(Akron, Kent, Stow)

**Jennifer S. Vincent, O.D.**  
(Akron, Kent, Medina-Reserve  
Commons, Wadsworth)

**Samantha R. Zaczyk, O.D.**  
(Akron, Kent, Stow)

**Amy Fernandez, O.D.**  
(Medina-Reserve Commons,  
Wadsworth)

**Sara Prusinski, O.D.**  
(Medina-Reserve Commons,  
Wadsworth)

**Christine Beiling-Sheerer, O.D.**  
(Medina-Weymouth Rd.)

**Timothy Earley, O.D.**  
(Medina-Weymouth Rd.)

**Sandra Travaglianti, O.D.**  
(Medina-Weymouth Rd.)

**Jenna Bernard, O.D.**  
(Medina-Weymouth Rd., Wadsworth)

## Offices

### AKRON

4099 Embassy Parkway  
Akron, OH 44333

Phone: 330-836-8545

Fax: 330-836-8598

### KENT

2103 State Rt. 59  
Kent, OH 44240

Phone: 330-678-0201

Fax: 330-678-4272

### STOW

4277 Allen Rd.  
Stow, OH 44224

Phone: 330-928-0201

Fax: 330-926-0201

### MEDINA-WEYMOUTH RD.

4463 Weymouth Rd.  
Medina, OH 44256

Phone: 330-722-2150

Fax: 330-722-2055

### MEDINA-RESERVE COMMONS

3583 Reserve Commons Dr.  
Akron, OH 44256

Phone: 330-722-8300

Fax: 330-725-0445

### WADSWORTH

One Park Centre Dr., Suite 106  
Wadsworth, OH 44281

Phone: 330-334-1300

Fax: 330-725-0445

## Surgery Center

### ST. CLARE SURGERY CENTER

4441 Hudson Dr.  
Stow, OH 44224

Phone: 330-920-4500