



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"/> Amy Fernandez, O.D. |
| <input type="checkbox"/> Marc Jones, M.D. | <input type="checkbox"/> Katie Hastings Zajac, O.D. | <input type="checkbox"/> Sara Prusinski, O.D. |
| <input type="checkbox"/> Matthew Willett, M.D. | <input type="checkbox"/> Marcella Pipitone, O.D. | <input type="checkbox"/> Timothy Earley, O.D. |
| <input type="checkbox"/> Thomas S.K. Chi, M.D. | <input type="checkbox"/> William Rudy, O.D. | <input type="checkbox"/> Sandra Travaglianti, O.D. |
| <input type="checkbox"/> Elizabeth Esparaz, M.D. | <input type="checkbox"/> Emma Reynolds, O.D. | <input type="checkbox"/> Jenna Bernard, O.D. |
| <input type="checkbox"/> Rachel Davis, M.D. | <input type="checkbox"/> David B. Beckett, O.D. | <input type="checkbox"/> Cynthia Lenhoff, O.D. |
| <input type="checkbox"/> Myron E. Bodnar, M.D. | <input type="checkbox"/> Jennifer S. Vincent, O.D. | |
| <input type="checkbox"/> Daniel Daroszewski, M.D. | <input type="checkbox"/> Samantha R. Zaczyk, 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)
- William Rudy, O.D.**
(Kent, Stow)
- Emma Reynolds, O.D.**
(Kent)
- 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)
- Timothy Earley, O.D.**
(Medina-Weymouth Rd.)
- Sandra Travaglianti, O.D.**
(Medina-Weymouth Rd.)
- Jenna Bernard, O.D.**
(Medina-Weymouth Rd., Wadsworth)
- Cynthia Lenhoff, O.D.**
(Akron, Kent, Stow)

Offices

AKRON

4099 Embassy Parkway
Akron, OH 44333
Phone: 330-678-0201
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: 330-678-0201
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