NORTHEAST OHIO EYE SURGEONS

General Consultation Request

Date: _____

- ☐ Rachel Davis, MD
- ☐ Laurence J. Karns, MD
- ☐ Jerry I. Macher, MD
- ☐ Paul W. Turgeon, MD
- ☐ Michael L. Smit, DO
- ☐ Emma Reynolds, OD
- ☐ Parker Monsen, OD

Patient: _____ DOB: _____

Home #: _____ Cell #: _____

☐ NEOES Appointment Date: _____

☐ Please have NEOES call patient directly to schedule appointment

- ☐ Cataract Evaluation
- ☐ PCO/YAG Evaluation
- ☐ LASIK Evaluation
- ☐ Corneal Evaluation/Cross-Linking
- ☐ Glaucoma Evaluation
- ☐ Lid/Oculoplastics
- ☐ Retina
- ☐ Red Eye
- ☐ Flashers/Floaters
- ☐ Reduced Vision/Visual Field Defect
- ☐ Diplopia
- ☐ Scleral Lens Fitting
- ☐ TESTING ONLY/NO EXAM (list test): _____
- ☐ Other: _____

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: ___/___ (Mo / Year) IOP: ___/___ (Ta, Tp, NCT) Date: ___/___ (Mo / Year) IOP: ___/___ (Ta, Tp, NCT) Date: ___/___ (Mo / Year) IOP: ___/___ (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.

NORTHEAST OHIO
EYE SURGEONS

Doctors and Locations

- ☐ **Rachel Davis, MD** (Akron)
- ☐ **Laurence J. Karns, MD** (Canton, North Canton)
- ☐ **Jerry I. Macher, MD** (North Canton)
- ☐ **Paul W. Turgeon, MD** (Canton, North Canton)
- ☐ **Michael L.Smit, DO** (Canton, North Canton)
- ☐ **Emma Reynolds, OD** (Canton, North Canton)
- ☐ **Parker Monsen, OD** (Canton, North Canton)

Offices

NORTH CANTON

6407 Frank Ave., NW
North Canton, Ohio 44720

phone: 330-966-1111

Fax: 330-966-8333

DOWNTOWN CANTON

800 McKinley Ave. NW
Canton, Ohio 44720

phone: 330-452-8884

fax: 330-452-2404

AKRON

4099 Embassy Parkway
Akron, Ohio 44333

phone: 330-836-8545

Fax: 330-836-8598

Surgery Center

Institute for Refractive & Intraocular Surgery (IRIS)

800 McKinley Ave. NW
Canton, Ohio 44720

phone: 330-639-0046