



General Consultation Request

Date: _____

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

Patient: _____ DOB: _____

Home #: _____ Cell #: _____

- ☐ NEOES Appointment Date: _____
- ☐ Please have NEOES call patient directly to schedule appointment

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

Office Address: _____

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)

☐ **Paul W. Turgeon, MD**
(Canton, North Canton)

☐ **Emma Reynolds, OD**
(Canton, North Canton)

☐ **Laurence J. Karns, MD**
(Canton, North Canton)

☐ **Michael L. Smit, DO**
(Canton, North Canton)

☐ **Parker Monsen, OD**
(Canton, North Canton)

☐ **Jerry I. Macher, MD**
(North Canton)

☐ **Marla Close, OD**
(Akron)

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