



General Consultation Request

Date: _____

- ☐ Lawrence Lohman, MD
☐ Marc Jones, MD.
☐ Matthew Willett, MD
☐ Thomas S.K. Chi, MD

- ☐ Kathleen Jee, MD
☐ Elizabeth Esparaz, MD
☐ Rachel Davis, MD
☐ Myron E. Bodnar, MD
☐ Joanne Briggs, MD
☐ Katie Greiner, OD
☐ Katie Hastings Zajac, OD
☐ Marcella Pipitone, OD

- ☐ William Rudy, OD
☐ Emma Reynolds, OD
☐ David B. Beckett, OD
☐ Jennifer S. Vincent, OD
☐ Samantha R. Zaczek, OD
☐ Amy Fernandez, OD
☐ Sara Prusinski, OD
☐ Sandra Travaglianti, OD

- ☐ Jenna Bernard, OD
☐ Cynthia Lenhoff, OD
☐ Rachel Mathie, OD
☐ Jeffrey Augustine, OD
☐ Alexander Jones, OD
☐ Mackenzie Gershom, OD
☐ Alexandra Potter, OD
☐ Zachary Sherman, OD

Patient: _____ DOB: _____

Home #: _____ Cell #: _____

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

- | | | |
|---|---|---|
| ☐ Cataract Evaluation | ☐ Interventional Glaucoma | ☐ Diplopia |
| ☐ PCO/YAG Evaluation | ☐ Schedule SLT ☐ MIGS Evaluation | ☐ Scleral Lens/Specialty Lens Fitting |
| ☐ Refractive Surgery Eval
(LASIK, EVO ICL, RLE) | ☐ Glaucoma Evaluation
(suspect or non-responsive
to current treatment) | ☐ Vision Therapy |
| ☐ Corneal Evaluation | ☐ Retina | ☐ Low Vision Services |
| ☐ Cross-Linking Evaluation | ☐ Red Eye | ☐ TESTING ONLY/NO EXAM
(list test): |
| ☐ Lid/Oculoplastics | ☐ Flashes/Floaters | ☐ Other: |
| | ☐ Reduced Vision/Visual Field Defect | |

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 Location: _____

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, MD (Kent, Stow)	☐ Katie Greiner, OD (Stow)	☐ Sara Prusinski, OD (Medina-Reserve Commons, Wadsworth)
☐ Marc Jones, MD (Stow, Kent)	☐ Katie Hastings Zajac, OD (Akron, Stow)	☐ Sandra Travaglianti, OD (Medina-Weymouth Rd.)
☐ Matthew Willett, MD (Akron, Stow)	☐ Marcella Pipitone, OD (Akron, Stow)	☐ Jenna Bernard, OD (Medina-Weymouth Rd., Wadsworth)
☐ Thomas S.K. Chi, MD (Medina-Reserve Commons, Wadsworth)	☐ William Rudy, OD (Kent, Stow)	☐ Cynthia Lenhoff, OD (Akron, Kent, Stow)
☐ Kathleen Jee, MD (Streetsboro)	☐ Emma Reynolds, OD (Kent)	☐ Rachel Mathie, OD (Stow, Kent, Akron)
☐ Elizabeth Esparaz, MD (Kent)	☐ David B. Beckett, OD (Kent, Stow)	☐ Jeffery Augustine, OD (Streetsboro)
☐ Rachel Davis, MD (Akron)	☐ Jennifer S. Vincent, OD (Akron, Kent, Medina-Reserve Commons, Wadsworth)	☐ Alexander Jones, OD (Streetsboro, Akron-Valley Oyce)
☐ Myron E. Bodnar, MD (Medina-Reserve Commons, Wadsworth)	☐ Samantha R. Zaczyk, OD (Akron, Kent, Stow)	☐ Mackenzie Gershom, OD (Streetsboro)
☐ Joanne Briggs, MD (Stow, Kent, Akron)	☐ Amy Fernandez, OD (Medina-Reserve Commons, Wadsworth)	☐ Alexandra Potter, OD (Medina Weymouth)
		☐ Zachary Sherman, OD (Akron, Kent)

Offices

AKRON
4099 Embassy Parkway
Akron, OH 44333
Phone: 330-678-0201
Fax: 330-836-8598

**AKRON
VALLEY OFFICE**
1558 Akron Peninsula Rd.
Akron, OH 44313
Phone: 330-922-4040
Fax: 330-922-1727

KENT
2013 State Route 59
Kent, OH 44240
Phone: 330-678-0201
Fax: 330-678-4272

**MEDINA
RESERVE COMMONS**
3583 Reserve Commons Dr.
Medina, OH 44256
Phone: 330-722-8300
Fax: 330-725-0445

**MEDINA
WEYMOUTH ROAD**
4463 Weymouth Rd.
Medina, OH 44256
Phone: 330-722-2150
Fax: 330-722-2055

STREETSBORO
1155 OH-303
Streetsboro, OH 44241
Phone: 330-422-2020
Fax: 330-422-0316

STOW
4277 Allen Rd.
Stow, OH 44224
Phone: 330-678-0201
Fax: 330-926-0201

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