



**Consultation Request** - Please Fax to 614-247-6626 or send encrypted email to [opt-medrec@osu.edu](mailto:opt-medrec@osu.edu)

**Patient Information:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Patient Address: \_\_\_\_\_  
\_\_\_\_\_

Vision Insurance: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Member ID/Group ID: \_\_\_\_\_

Does this request involve a Bureau of Worker's Compensation claim?      yes      no

Referring Doctor: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_ Doctor Fax: \_\_\_\_\_

Doctor Address: \_\_\_\_\_

Reason for Referral (please include ICD-10 diagnosis code): \_\_\_\_\_

**Closing the Referral Loop**  
What documents would you like sent back after the patient's appointment?

Exam notes with diagnosis  
Visual Field/OCT/Add'l testing  
Other: \_\_\_\_\_

**Degree of Care Requested:**

Examination and ongoing care                      Consultation with interpretation and report                      Testing only

**Service(s) Requested:**

**Advanced Ocular Care:**

- Anterior Seg Photography
- B Scan
- Corneal Hysteresis
- Dry Eye Assessment & Treatment
- Glaucoma Evaluation
- Fundus Photography
- OCT: Macula
- OCT: Nerve Fiber Layer
- Pachymetry
- Visual Field

**Binocular Vision:**

- Aniseikonia Evaluation
- Sensorimotor Evaluation
- Vision Therapy Evaluation
- TBI Evaluation

**Environmental Vision:**

- Color Vision Testing
- CDL Driver's Vision Exam
- Standards testing for pilots, secret service agents, Coast/border Guard, firefighters, police officers

**Pediatrics:**

- Infant Exam (< 12 months)
- Pediatric Exam (Age 1 - 12)
- Pediatric Contact Lens Exam/Fitting
- Myopia Management

**Primary Vision Care:**

- Comprehensive Exam
- Refraction
- Diabetic Eye Exam with report

**Contact Lens:**

- Contact Lens Exam
- Contact Lens Fitting
  - Standard Fit
  - Keratoconus Evaluation
  - Orthokeratology/CRT Eval
  - Scleral Lens Fitting
- Ocular Prosthetics
- Topography
- Wavefront Aberrometry

**Low Vision Rehabilitation:**

- Low Vision Evaluation
- Driver's Vision Evaluation
- Bioptic Driving Exam
- Bioptic Fitting and Training

**NOTE:** Please send the patient's medical record, medication list, and all relevant testing completed. Please advise patient's to bring the following to their appointment: Glasses or contact lenses, eye drops used, and medication list.