HIGH DESERT INSTITUTE OF OPHTHALMOLOGY

Gurdeep Jhaj, MD

Ophthalmology Consultation Request Form

Patient:

Name: _____

Address: _____

_____

Phone: (_____) _____

Insurance: _____

Condition:

☐ Cataract Evaluation ☐ Glaucoma Evaluation ☐ Diabetic Eye Exam

☐ Retinal Evaluation ☐ Anterior Segment/Cornea Evaluation

Other:_____

_____

Urgency:

☐ Emergent (1-2 days) ☐ Urgent (within 1 week)

☐ Next Available (1-2 weeks) ☐ Routine

Referring doctor: _____

Phone: (_____) _____ Fax: (_____) _____

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