

# Dry-Eye Consultation Request Form



CLEVELAND EYE CLINIC

By Midwest Vision Partners

PHYSICIAN  
REQUESTED:

**Thomas Chester, OD**  
**Cleveland Eye Clinic**

7001 South Edgerton Rd., Suite D  
Brecksville, OH 44141

440-922-6722 • fax: 216-359-0066

www.clevelandeyeclinic.com



parschauer eye center

By Midwest Vision Partners

**Corrie Leshar, OD**  
**Parschauer Eye Center**

2600 Hayes Avenue  
Sandusky, OH 44870

419-625-6181 • fax: 419-625-7493

www.parschauer.com

## REFERRING DOCTOR INFORMATION:

Name: \_\_\_\_\_

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

Date of Exam: \_\_\_\_\_

## PATIENT CONTACT INFORMATION:

Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

**INSURANCE INFORMATION:**      See attached for demographics

Primary Insurance Carrier \_\_\_\_\_ Policy: \_\_\_\_\_

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

### Check any that apply

Contact Lenses:    Soft    Rigid    Scleral     Worn for \_\_\_\_\_ + years

Autoimmune:      The patient has a history of diagnosed autoimmune disorders

Patient is positive for Sjogren's

Patient has not been evaluated or is negative for Sjogren's

Cornea:     Prior    LASIK    PRK    Cross-Linking    Other \_\_\_\_\_

### The patient has tried the following in relation to dry eye:

Xiidra                       Restasis                       Plugs                       Other

results: \_\_\_\_\_     results: \_\_\_\_\_     results: \_\_\_\_\_     results: \_\_\_\_\_

## CLINICAL FINDINGS:

Pertinent Findings: \_\_\_\_\_

Recommendation: \_\_\_\_\_

I have scheduled this patient to be seen at      Cleveland Eye Clinic/Dr. Chester      Parschauer Eye Center/Dr. Leshar

on \_\_\_\_\_                      on \_\_\_\_\_

Please call to schedule patient