



Cavanaugh Eye Center
6200 W. 135th St. Suite 300
Overland Park, KS 66223
Phone: (913) 897- 9200
FAX: (913) 897 - 9233

Consultation Request Form:

Timothy B. Cavanaugh, M.D. Eric S. Beatty, O.D.

<p>Referral Doctor: _____</p> <p>Preferred Contact # _____</p> <hr/> <p><u>Pertinent Patient Information:</u></p> <p>ccVA: OD 20 / _____ OS 20 / _____</p> <p style="text-align: center;">(App NCT Tonopen)</p> <p>Tonometry: OD _____ OS _____</p> <p>Manifest Refraction: Dominant Eye</p> <p>OD: _____ OD</p> <p>OS: _____ OS</p> <p>Target Refraction: <input type="checkbox"/> Phakic OU <input type="checkbox"/> -1.00 Non-Dom Eye <input type="checkbox"/> Other _____</p>	<p>Patient Name: _____</p> <p>Date Consultation Scheduled: _____</p> <hr/> <p>Address: _____</p> <p>City, St. Zip: _____</p> <p>Phone: _____</p> <p>Needs to be seen within: _____ Days, Weeks, Months</p> <p>Preferred Location: <input type="checkbox"/> Overland Park <input type="checkbox"/> Topeka</p> <p>NOTES: _____</p> <p>_____</p> <p>_____</p>
--	---

<u>Purpose of Consultation:</u> (Please check all that apply)			OD OS OU
<input type="checkbox"/> Cataract Evaluation <input type="checkbox"/> Multi-focal IOL <input type="checkbox"/> Single Vision <input type="checkbox"/> Toric IOL	<input type="checkbox"/> Evaluation for YAG Capsulotomy	<input type="checkbox"/> Phakic IOL	
<input type="checkbox"/> LASIK / PRK	<input type="checkbox"/> Refractive Lens Exchange	<input type="checkbox"/> NearVision CK	
<input type="checkbox"/> Corneal Evaluation	<input type="checkbox"/> PK / DSAEK	<input type="checkbox"/> Keratoconus	
<input type="checkbox"/> External Disease	<input type="checkbox"/> Pterygium & Pinguecula Removal	<input type="checkbox"/> OrbScan Topography	
<input type="checkbox"/> LASIK Enhancement	<input type="checkbox"/> Specular Microscopy / Pach	<input type="checkbox"/> Zywave Aberrometry	
<hr/> <p>Will you Co-Manage this patient? <input type="checkbox"/> YES <input type="checkbox"/> NO at: <input type="checkbox"/> 1 Day <input type="checkbox"/> 1 Week <input type="checkbox"/> 1 Month</p>			
<p>Signature _____</p>			