

# Patient Referral Form

**Referred to:**

8140 Norton  
Parkway Suite 110  
Mentor, Ohio 44060

**(440) 255-1115**



- Gregory Eippert, M.D.
- Carrie Happ-Smith, M.D.
- Gregory Riffle, M.D.
- Lisa Ward, M.D.
- Erin Nichols, M.D.
- Any Doctor

**Referred by:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

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

**Patient Phone:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Reason for Referral:**

**Cataract Consultation ( OD OS OU )**

Lenses Discussed:

Standard Lens

Premium Lens ( \_\_\_ Multifocal \_\_\_ Toric )

*\* LenSx Custom Laser Cataract Surgery will be discussed and offered if applicable.*

**CATARACT CO-MANAGEMENT:** \_\_\_ YES \_\_\_ NO

If yes, please ensure you are a participating provider with the patient's insurance and utilize the appropriate modifiers for billing. OPI cannot reimburse a referring provider for co-management services in accordance with the Anti-Kickback Statute.

**Glaucoma Consultation & Management**

**Glaucoma Consultation Only**

**IPL (Intense Pulse Light) Treatment for Dry Eyes/Meibomian Gland Dysfunction**

**Laser (LPI / YAG / SLT)**

**Other:** \_\_\_\_\_

**Additional Referring Information:** \_\_\_\_\_

**SCHEDULING OPTION 1:  
REFERRING DOCTOR To Schedule**

Please **FAX** completed form to  
**(440) 255-1550** and **CALL**  
**(440) 255-1115** (option 1)  
to schedule.

**Appt Date** \_\_\_\_\_

**Time** \_\_\_\_\_ **AM PM**

**SCHEDULING OPTION 2:  
OPI to Schedule**

Please **FAX** completed form to  
**(440) 255-1550**. OPI will call the  
patient to schedule.

**Appt Date** \_\_\_\_\_

**Time** \_\_\_\_\_ **AM PM**

**SCHEDULING OPTION 3:  
PATIENT to Schedule**

Please **FAX** completed form to  
**(440) 255-1550** and advise patient  
to **CALL** **(440) 255-1115**  
(option 1) to schedule.

**Appt Date** \_\_\_\_\_

**Time** \_\_\_\_\_ **AM PM**