CHILDREN'S EYE SPECIALISTS

9565 Highway 78, Building 600
Ladson, SC29456
Phone: 843-202-0288
Fax: 843-202-0284

Request For Consultation

Today's Date: _____

Patient Name: _____

Gender: ☐ Male ☐ Female D.O.B. _____ Email _____

Telephone Home _____ Work _____

Address: _____

City: _____ State: _____ Zip: _____

Referring Physician: _____ Practice Name: _____

Phone _____ Fax _____ Email _____

Insurance: _____ ☐ HMO ☐ PPO ☐ POS ☐ Traditional ☐ Medicare ☐ Medicaid ☐ None

Primary Care Physician (if different from referring): _____

Phone _____ Alt. Phone _____

Fax _____ Fax for Referral _____

Diagnosis / CPT Code / Reason for Consult:

- ☐ Failed Vision Screening
- ☐ Eye crossing (strabismus)
- ☐ Tear duct disorders
- ☐ Eye movement disorders (nystagmus)
- ☐ Drooping or misshapen eyelids and hemangiomas
- ☐ Down Syndrome, cerebral palsy or cortical blindness
- ☐ Orbital infections and tumors
- ☐ Disorders of eye movements and double vision
- ☐ Retinopathy of prematurity, retinal malformations, retinoblastoma and optic nerve disorders
- ☐ Other _____

PLEASE NOTIFY OUR OFFICE IF PATIENT IS UNABLE TO MAKE APPOINTMENT

Your scheduled appointment is: Date _____ Time _____

Referring Physician Signature: _____