

Appointment Scheduled & Form Faxed To Office

Appointment Date: _____

Time: _____

Please Call Patient to Schedule Appointment

Ophthalmology

- Ivan Mac, M.D.
- Dara Khalatbari, M.D.

Pediatric Ophthalmology

- Melissa Shipley, M.D.

Optometry

- Jason Berkebile, O.D.
- Stacy Schorner, O.D.

Metro Medical Campus
630 Comfort Lane, Suite E
Monroe, NC 28112
(704) 289-5455
Fax (704) 291-2207

Stallings Professional Center
4101 Campus Ridge Road
Matthews, NC 28105
(704) 234-1930
Fax (704) 234-1940

www.metrolinaeye.com

Referral Form

Referring Physician: _____ Date: _____

Patient Name: _____

Phone: _____ DOB: _____

Insurance # _____

- | | |
|---|---|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Blue Cross/Blue Shield |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Cigna |
| <input type="checkbox"/> Aetna | <input type="checkbox"/> United Healthcare |
| <input type="checkbox"/> Medcost | <input type="checkbox"/> VSP |
| <input type="checkbox"/> Workman's Compensation | |

Other: _____

Reason:

- | | |
|--|---|
| <input type="checkbox"/> LASIK Surgery | <input type="checkbox"/> Foreign Body |
| <input type="checkbox"/> Eye Exam | <input type="checkbox"/> Cataracts |
| <input type="checkbox"/> Glasses/ Contacts | <input type="checkbox"/> Eyelid Lesion |
| <input type="checkbox"/> Diabetic Eye Exam | <input type="checkbox"/> Ptosis/Dermatochalasis |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Plaquenil Screening |
| <input type="checkbox"/> Floaters | <input type="checkbox"/> Strabismus |
| <input type="checkbox"/> Ocular Irritation | <input type="checkbox"/> Headache/Migraine |
| <input type="checkbox"/> Diplopia | <input type="checkbox"/> Nasolacrimal Duct |
| <input type="checkbox"/> Failed Vision Screening | <input type="checkbox"/> Other: _____ |

NOTES:
