

University Eye Specialists, Ltd.
Physician Referral Form

Chicago
676 N. St. Clair
Suite 1500
Chicago, IL 60611
(312) 475-1000
(312) 475-1006 fax

Northbrook
1535 Lake Cook Road
Suite 305
Northbrook, IL 60062
(847) 562-4330
(847) 562-4331 fax

Patient _____

Referring Doctor _____ Preferred Method for Communication

Letter _____ Fax _____

Phone / Pager _____

Reason for Referral

Red Eye/ Conjunctivitis

Stye/Chalazion

Headache

Vision Loss

Eyelid cyst/mass

Diabetes

Painful Eye

Corneal Abrasion

Shingles/Zoster

Ocular Trauma

Dry Eyes

Thyroid Disorder

Double Vision

Cataract

Hypertension

Glaucoma

Flashes/Floaters

Plaquinil Screen

Glasses/ Contact Lenses

Stroke

Sarcoidosis

Other _____

Signature _____ MD

Please bring this paper with you to your eye appointment and show it to your ophthalmologist. Thank you.