

Rocky Mountain EYE CENTER

700 W. Kent | Missoula, Montana 59801

(406) 541- EYES (3937) or (800) 445-5836 | Fax (406) 541-3810 | www.rockymountaineeye.com

Due to the new Consultation Guideline for 2006 a written request and reason for this consult is necessary.

REQUEST FOR OPINION / CONSULT

Patient's Name: _____ DOB: _____

Patient's Address: _____ Patient's Phone Numbers: _____

If Under 18 Patient's Guardian: _____ Guardian's Phone Numbers: _____

Appointment Date: _____ Time: _____ With Doctor: _____

Referring Clinic: _____ Referring Physician: _____

Address: _____ Phone Number: _____

Fax Number: _____

A request for an opinion and consult for the above named patient has been made from the above named physician. This patient has been sent to Rocky Mountain Eye Center, P.C. to be evaluated for:

Cataracts Glaucoma Retina Cornea Strabismus Oculoplastics

Other: _____

The physician requesting this opinion understands that the consulting physician may initiate treatment or perform medically necessary diagnostics for this patient.

The consulting physician will send the requesting physician an opinion and plan of care.

Confirmation fax sent to requesting physician:

Prepared by: _____

Date: _____

Roger C. Furlong, MD *Glaucoma Specialist*
Scott M. Guess, MD *Retina Specialist*
Clay D. Holley, MD, MPH *General Ophthalmology*
Jacek (Jack) Kotowski, MD *Retinal Specialist*
David P. McCann, MD *Neuro-Ophthalmology/Oculoplastics Specialist*
Todd J. Murdock, MD *Pediatric/Strabismus Specialist*
Chad M. Nedrud, MD *Corneal Specialist*
Michael R. Peterson, MD *General Ophthalmology*

Pete Babcock, OD General Optometry
Rachael M. Beatty, OD General Optometry
Kimberly N. Everingham, OD General Optometry
P. Duane Goicoechea, OD General Optometry
Daniel J. Larsen, OD General Optometry
Kristopher K. Sherrill, OD General Optometry

PLEASE FILE THIS REQUEST IN PATIENT RECORDS