THE OHIO STATE UNIVERSITY
COLLEGE OF OPTOMETRY

OPTOMETRY SERVICES

1664 Neil Ave., Columbus, OH 43201
Phone: (614) 292-2020 Fax: (614) 247-6626

Main Office Consultation Request Form

Patient Information:

Patient Name:_____ DOB: _____ Preferred Phone:_____

Patient Address: _____

_____

Vision Insurance: _____

Medical Insurance: _____ Member ID/Group ID:_____

Does this request involve a Bureau of Worker's Compensation claim? ◯ yes ◯ no

Referring Doctor: _____

Doctor Phone: _____ Doctor Fax: _____

Doctor Address: _____

Reason for Referral (please include ICD-10 diagnosis code): _____

Degree of Care Requested:

◯ Examination and ongoing care ◯ Consultation with interpretation and report ◯ Testing only

Service(s) Requested:

Advanced Ocular Care:
- ☐ Anterior Seg Photography
- ☐ B Scan
- ☐ Corneal Hysteresis
- ☐ Dry Eye Assessment & Treatment
- ☐ Glaucoma Evaluation
- ☐ Fundus Photography
- ☐ OCT: Macula
- ☐ OCT: Nerve Fiber Layer
- ☐ Pachymetry
- ☐ Visual Field

Binocular Vision:
- ☐ Aniseikonia Evaluation
- ☐ Sensorimotor Evaluation
- ☐ Vision Therapy Evalutation
- ☐ TBI Evaluation

Environmental Vision:
- ☐ Color Vision Testing
- ☐ CDL Driver's Vision Exam
- ☐ Standards testing for pilots, secret service agents, Coast/border Guard, firefighters, police officers

Pediatrics:
- ☐ Infant Exam (< 12 months)
- ☐ Pediatric Exam (Age 1 - 12)
- ☐ Pediatric Contact Lens Exam/Fitting
- ☐ Myopia Management

Primary Vision Care:
- ☐ Comprehensive Exam
- ☐ Refraction
- ☐ Diabetic Eye Exam with report

Contact Lens:
- ☐ Contact Lens Exam
- ☐ Contact Lens Fitting
  - ☐ Standard Fit
  - ☐ Keratoconus Evaluation
  - ☐ Orthokeratology/CRT Eval
  - ☐ Scleral Lens Fitting
- ☐ Ocular Prosthetics
- ☐ Topography
- ☐ Wavefront Aberrometry

Low Vision Rehabilitation:
- ☐ Low Vision Evaluation
- ☐ Driver's Vision Evaluation
- ☐ Bioptic Driving Exam
- ☐ Bioptic Fitting and Training

Please Fax to 614-247-6626 or send encrypted email to **opt-medrec@osu.edu**

***NOTE**: Please send the patient's medical record, medication list, and all relevant testing completed. Please advise patient's to bring the following to their appointment: Glasses or contact lenses, eye drops used, and medication list.*

greatvision.osu.edu