



## REFERRAL REQUEST

### Our Surgeons:

**NO PREFERENCE**

**JAY RUDD, M.D.**

Cataracts  
Refractive Surgery  
Cornea / External Disease

**STEPHEN RECK, M.D.**

Glaucoma  
Cataracts

**GRANT AAKER, M.D.**

Cataracts  
Anterior Segment

**PENNY RECK, M.D.**

Vitreo-Retinal Surgery & Disease  
Diabetic Retinopathy  
Macular Degeneration

**JANE MYUNG, M.D.**

Vitreo-Retinal Surgery & Disease  
Diabetic Retinopathy  
Macular Degeneration

**BLAKE PERRY, M.D.**

**OR DAVID PRATT, M.D.**

Facial / Eyelid Plastic Surgery

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### FOR ROUTINE VISION REFERRALS

#### Our Optometrists:

**NO PREFERENCE**

**CHAD WAGGONER, O.D.**

**HEATHER MUEHLER, O.D.**

**BRIAN FINLEY, O.D.**

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#### Location/Contact:

345 College St. SE, Suite C  
Lacey, WA 98503  
Phone: 360.456.3200  
Fax: 360.456.3894  
[www.claruseye.com](http://www.claruseye.com)

**Doctor's Line: 360.923.4363**

*Thank you for your referral!*

Referring Provider: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB \_\_\_\_\_

Phone \_\_\_\_\_

Patient will call to schedule appointment

Please call patient to schedule appointment

#### Reason for Referral:

Routine Vision Evaluation

Diabetic Eye Examination

Cataract Evaluation

Glaucoma Evaluation

Oculoplastic Services

Retina Services

Macular Degeneration Assessment

Other Evaluation or Treatment (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Refractive Evaluations (patient to be contacted by Aurora Lasik)

LASIK, PRK, Visian ICL, Refractive Lens Exchange

#### Urgency:

Urgent (within 48 hours)

Semi-urgent (within 2 weeks)

Routine

#### Additional Notes:

**For administration:** Please email completed referral form, patient demographic information and pertinent records to [referrals@claruseye.com](mailto:referrals@claruseye.com) OR fax to 360-456-3894. If possible, please have patient bring any imaging studies that have been done along with them.

#### HIPAA Disclosure-----

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