



REFERRAL REQUEST FORM

Our Surgeons:

NO PREFERENCE

GRANT AAKER, M.D.

Cataract Surgery
Comprehensive Ophthalmology

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

STEPHEN RECK, M.D.

Cataract Surgery
Glaucoma Consultation & Surgery

(Note: Patients with glaucoma who are stable will be transferred back to referring provider)

PENNY RECK, M.D.

Vitreo-Retinal Surgery & Disease
Diabetic Retinopathy
Macular Degeneration

JAY RUDD, M.D.

Cataract Surgery
Refractive Surgery
Cornea / External Disease

ROUTINE VISION REFERRALS

Our Optometrists:

NO PREFERENCE

BRIAN FINLEY, O.D.

HEATHER MUEHLER, O.D.

CHAD WAGGONER, O.D.

Location/Contact:

345 College St. SE, Suite C
Lacey, WA 98503
Ph: 360.456.3200
Fax: 360.456.3894
www.claruseye.com

Doctor's Line: 360.923.4363

For Administration: Please submit referral form, patient demographics and pertinent records to referrals@claruseye.com OR fax to 360-456-3894. If possible, please have patient bring any imaging studies that have been done with them.

HIPAA Disclosure

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Referring Provider: _____

Phone _____ Fax _____

Patient Name: _____

DOB _____

Phone _____

Patient will call to schedule appointment

Please call patient to schedule appointment

Reason for Referral:

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:

Thank you for your referral!