



CLARUS
EYE CENTRE

Ophthalmologists:

- NO PREFERENCE**
- GRANT AAKER, M.D.**
Cataract Surgery
Comprehensive Ophthalmology
- ANTHONY GRILLO, M.D.**
Cataract Surgery
Cornea/External Disease
Comprehensive Ophthalmology
- JANE MYUNG, M.D.**
Vitreo-Retinal Surgery & Disease
Diabetic Retinopathy
Macular Degeneration
- BLAKE PERRY, M.D.**
Facial / Eyelid Plastic Surgery
- PENNY RECK, M.D.**
Vitreo-Retinal Surgery & Disease
Diabetic Retinopathy
Macular Degeneration
- STEPHEN RECK, M.D.**
Cataract Surgery
Glaucoma Consultation & Surgery
- JAY RUDD, M.D.**
Cataract Surgery
Refractive Surgery

(ROUTINE VISION REFERRALS)

- NO PREFERENCE**
- CORINNE BACHER, O.D.**
- TAMMY BURRELL, O.D.**
- KRISTEN CLARK, O.D.**
- HANNAH SONG, O.D.**

MAIN LOCATION/CONTACT
345 College St. SE, Suite C
Lacey, WA 98503
PHONE: 360-456-3200
FAX: 360-456-3894
www.claruseye.com

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REFERRAL REQUEST FORM

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
- Cornea Evaluation
- Glaucoma Evaluation *(Patients will be transferred back to referring provider when their glaucoma is stable)*
- Oculoplastic Services
- Retina Services
 - Macular Degeneration Assessment
- Other Evaluation or Treatment (specify)

- Refractive Evaluations (patient will 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:

Physician or Referring Office Line: 360-456-3200, ext. 2

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.

Thank you for your referral!