



Four Corners Eye Clinic

SPECIALIZING IN MEDICAL AND SURGICAL EYE CARE

Eric C. Meyer, M.D.
Joshua P. Zastrocky, M.D.
John P. Brach, M.D.
Karyn Teel, M.D.
Linda Rose, M.D.

Anterior Referral

Patient's Name: _____ DOB: _____ Phone #: _____

Referring Physician: _____ Last exam date: _____

Reason for Evaluation: OD OS OU Urgent 1-2 days (please call our office)

Next Available (1-2 weeks)

Cataract Patient Requests Comanagement (Yes or No)

PCO (YAG referral)

Preferred Physician or 1st Available: _____

BCVA: OD: _____ MRx OD: _____

OS: _____ MRx OS: _____

Glaucoma Consult with Dr. Joshua Zastrocky

IOP OD: _____ OS: _____

Please fax over last several visual fields and chart notes for accurate comparison

Corneal Consult with Dr. Linda Rose

Edema Keratoconus Ulcer Ectasia Dry Eye Other: _____

Entropion with Dr. John Brach or Dr. Eric Meyer (please circle)

Ptosis / Dermatochalasis or Ectropion Evaluation with Dr. Eric Meyer

Eyelid lesion / Chalazion with Dr. John Brach or Dr. Eric Meyer (please circle)

Other: _____