



BERG FEINFIELD
VISION CORRECTION

BFVC Location

Sherman Oaks Burbank Arcadia Beverly Hills Valencia

Refractive Surgery Consultation Referral Form

Last Name: _____ First Name: _____ Today's Date: _____

Gender: _____ Date of Birth: ____/____/____ Phone (____) _____ Mobile Home

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Medical Insurance: _____
 Medicare PPO HMO (Facey/Axminster)

Procedure Discussed: OU / OD / OS / Monovision
 Custom IntraLASIK (All Laser) PRK RLE/CLE ICL Crosslinking (Exam fee applies)

Quoted Price \$ _____ with One Year Enhancement Included \$ _____ with Lifetime Commitment

Referring Doctor: _____ Office Location _____ (city only)
OD Phone: (____) _____ OD Fax: (____) _____
OD: Email: _____

Examination (or attach exam notes)

Has patient had previous eye surgery? Yes No If Yes, there will be an applicable exam fee, or we will accept insurance for the visit.

Ocular History: _____

Medical History: _____

Contact Lens History: # of year(s) worn _____ Daily Soft / Soft Toric / Gas Permeable (RGP) (Please circle one)

OD

OS

_____ 20/ _____ Contact Lens Power OS: _____ 20/ _____

_____ Uncorrected Visual Acuity _____

_____ 20/ _____ Current Spectacles _____ 20/ _____

_____ 20/ _____ Add: _____ Manifest Refraction _____ 20/ _____ Add: _____

_____ 20/ _____ 1% Mydracyl Refraction _____ 20/ _____
(or 1% Tropicamide)

_____ Keratometry _____

_____ Tonometry _____
(if available)

_____ IOP _____

Dominant Eye: _____

_____ Lids / Lashes / Lacrimal _____

_____ Conjunctiva _____

_____ Cornea _____

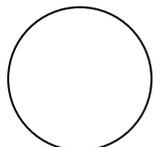
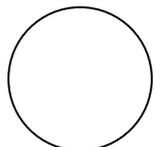
_____ Anterior Chamber _____

_____ Iris _____

_____ Lens _____

C/D _____ Macula _____ Dilated Fundus Exam C/D _____ Macula _____

_____ Periphery _____



Doctor's Signature: _____ Exam Date: _____

FAX TO 818.845.1916 or EMAIL TO info@bergfeinfeld.com

FOR OFFICE USE ONLY: LASIK Consult Scheduled ____/____/____ @ Sherman Oaks / Burbank / Arcadia / Beverly Hills
Initial Call ____/____/____ Faxed to OD ____/____/____ (initials)
 Left message Spoke to patient, will check schedule and call back Not interested at this time, follow-up in ____ weeks / months