



**Wallerich Eye Care – St. Paul**

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**Wallerich Eye Care – Eden Prairie**

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### EMAIL/FAX REFERRAL FORM *(Select Preferred Location Above)*

<p>_____</p> <p>Date</p> <p>_____</p> <p>Referred By</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City                      State                      Zip</p> <p>_____</p> <p>Phone                      Fax</p> <p>_____</p> <p>Email Address</p>	<p>_____</p> <p>Patient's Name                      Date of Birth</p> <p>_____</p> <p>Contact Information: Parent/Guardian</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City                      State                      Zip</p> <p>_____</p> <p>Phone</p> <p>_____</p> <p>Email Address</p>
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**Reason(s) for Referral:**

**Check all that apply**

- |  |   |   |
|--|---|---|
| <p><input type="checkbox"/> Comprehensive Eye Examination</p> <p><input type="checkbox"/> Diabetic Eye Examination</p> <p><input type="checkbox"/> Neuro-Optometric Evaluation</p> | <p><input type="checkbox"/> Traumatic Brain Injury (TBI)</p> <p><input type="checkbox"/> Stroke</p> <p><input type="checkbox"/> Double Vision</p> <p><input type="checkbox"/> Depth Perception Issues</p> <p><input type="checkbox"/> Focusing/Concentration Issues</p> <p><input type="checkbox"/> Dizziness/Vertigo</p> <p><input type="checkbox"/> Headaches</p> <p><input type="checkbox"/> Light Sensitivity</p> | <p><input type="checkbox"/> Blurry Vision</p> <p><input type="checkbox"/> Peripheral Vision Changes</p> <p><input type="checkbox"/> Visual Overstimulation</p> <p><input type="checkbox"/> Reading Difficulties</p> <p><input type="checkbox"/> Eye Pain</p> <p><input type="checkbox"/> Words moving on a page</p> |
|--|---|---|

**Pertinent Symptoms/ History:**

\_\_\_\_\_

\_\_\_\_\_

To refer this patient, please fax or email a copy of this form along with relevant records. Wallerich Eye Care, will reach out to schedule your patient as soon as possible. A report/copy of the exam findings will be sent back to your office if a fax number or HIPAA compliant email is provided.

Signature of Provider/Professional Referral

Date