Wallerich
EYE CARE

❑ **Wallerich Eye Care – St. Paul**
Address: 1300 University Ave W
St. Paul, MN 55104
Telephone: (651) 646-3163
Fax: (651) 646-3292
Email: Michael@WallerichEyeCare.com

❑ **Wallerich Eye Care – Eden Prairie**
Address: 8225 Flying Cloud Drive
Eden Prairie, MN 55344
Telephone: (952) 563-0246
Fax: (952) 563-0248
Email: Michael@WallerichEyeCare.com

Specialty Contact Lens Evaluation Referral

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

Date

Referred By

Address

City State Zip

Phone Fax

Email Address

Patient's Name Date of Birth

Contact Information: Parent/Guardian

Address

City State Zip

Phone

Email Address

- Anterior Segment Photos Completed □ **Yes** □ **No**
- Topography of Cornea Completed □ **Yes** □ **No** (Check all that apply □ OD □ OS)
- Prior history of wear for the following (check all that apply):
  - □ RGPs
  - □ Scleral
  - □ Piggyback System
  - □ Other:_____

Pertinent Symptoms/ History:

To refer this patient, please fax or email (HIPAA complaint email provided above) a copy of this form along with relevant records (topography/photos). 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