

Referral to Wheaton Eye Clinic Neuro-Ophthalmology

Dear Referring Provider,

Thank you for your trust in Wheaton Eye Clinic. To ensure that appointments are scheduled in the most appropriate timeframe, we have implemented a referral process for scheduling neuro-ophthalmology consultations.

- Please complete the following referral form that can be faxed or emailed to our office.
- Our medical staff will review the information you provide and contact the patient to schedule a consultation appointment.
- You will receive a faxed confirmation once an appointment has been scheduled.

We appreciate your referral and look forward to providing exceptional care to your patients.

Sincerely,

Wheaton Eye Clinic Neuro-Ophthalmology Team



Referral to Wheaton Eye Clinic **Neuro-Ophthalmology**

Phone: 630.668.8250 Fax: 630.668.8976

records@wheatoneye.com

Referring Provider Name		Date (mm-dd-yyyy)			
Practice Name					
Office Address		City			
State	Zip Code				
Phone	Fax	Primary Care Provider			
Patient Information	on				
Patient Name (First, Middle, Last)		Birth Date (mm-dd-yyyy)	Sex		
Address		City			
State	Zip Code	Country			
Home Phone:	Alternate Phone:	Parent Name (if minor)			
Patient Insurance Informa	tion	I			
Consultation Requ	uest				
Reason for Consultation R	equest				
Chronological History					
enionological History					
Duration of Symptoms					
Referral Diagnosis					

determined a more urgent need for the appointment, please call our office to provide the detailed basis for that conclusion.

Office Use Only

Office ose only									
Appointment Information		ate	Time		Provider				
Wheaton	Naperville	Hinsdale	St. Charles	Plainfield	l	Bartlett			
2015 N. Main Street	604 Raymond Drive	908 N. Elm Street, Ste 115	610 S. Randall Road	12426 S.	Van Dyke Road	980 S. Illinois Route 59			
Wheaton, IL 60187	Naperville, IL 60563	Hinsdale, IL 60521	St. Charles, IL 60174	Plainfield,	IL 60585	Bartlett, IL 60103			