



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 consultation request 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.

If you have any questions or need assistance with this process, please contact our office by phone at 630.668.8250. We appreciate your referral and look forward to providing exceptional care to your patients.

Sincerely,

Wheaton Eye Clinic
Neuro-Ophthalmology Team



Wheaton Eye Clinic

Neuro-Ophthalmology Consultation Request

Phone: 630.668.8250 Fax: 630.668.8976

records@wheatoneye.com

Referring Provider Information

| | | |
|-------------------------|----------|-----------------------|
| Referring Provider Name | | Date (mm-dd-yyyy) |
| Practice Name | | |
| Office Address | | City |
| State | Zip Code | |
| Phone | Fax | Primary Care Provider |

Patient Information

| | | | |
|------------------------------------|---------------------------------|-------------------------|-----|
| 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) | |
| Insurance Plan Name: | HMO* PPO (please circle one) | Member ID Number: | |

***HMO authorization from the PCP is required in addition to the completion of this form.**

Clinical Information (to be completed by the referring physician)

| |
|----------------------------------|
| Reason for Consultation Request: |
| Chronological History: |
| Duration of Symptoms: |
| Referral Diagnosis: |
| Physician Signature: |

Symptoms will be reviewed and an appointment scheduled with a Neuro-Ophthalmologist or other subspecialty, based on the details provided. You will receive a fax confirmation once the appointment is scheduled. **If the referring physician has determined the timing of the appointment needs to be sooner or if you do not receive our confirmation response, please call our office. If you request a sooner appointment, please provide the details for that determination.**

Wheaton

2015 N. Main Street
Wheaton, IL 60187

Naperville

604 Raymond Drive
Naperville, IL 60563

Hinsdale

908 N. Elm Street, Ste 115
Hinsdale, IL 60521

St. Charles

610 S. Randall Road
St. Charles, IL 60174

Plainfield

12426 S. Van Dyke Road
Plainfield, IL 60585

Bartlett

980 S. Illinois Route 59
Bartlett, IL 60103

www.wheatoneye.com

Rev 6/2025