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Medical Optometrists

Mobile Referral Form

Date: _____ Who is submitting referral? (Position/Contact info) _____

ATTENTION: Please Email completed form to: info@eyesonsite.com OR Fax to: 480-704-4036

Patient Name:	Date of Birth:	Gender: F / M
Social Security #:	Phone Number:	
Insurance:	ID#:	
Secondary Insurance:	ID#:	

Address where services will be rendered: _____
 Please provide name of facility/group home, if applicable: _____
 Phone #: _____ Fax #: _____ Email: _____

Reason for visit: (Please select all that apply)
 Diabetic Retinal Eye Exam Blurry Vision/Routine Vision Macular Degeneration Exam Glaucoma Screening Cataract Evaluation
 Glaucoma Evaluation & Treatment

Systemic Risk Factors: (Please select all that apply)
 Diabetes Hypertension Hyperlipidemia Kidney Disease Renal Disease Thyroid disorders Rheumatoid Arthritis
 Arthritis Headaches CVA/Stroke Migraines Dry Eyes/Watery Eyes Recent Fall/Trauma HIV/AIDS
 Multiple Sclerosis CAD: Coronary Artery Disease Red Eye Infection Irritation

Are you on the following medications: (Please select all that apply) Plaquenil/Hydroxychloroquine Prednisone Blood Thinners
Interested in glasses? Yes No **Smoker?** Yes No **If yes:** <1pack day 1pack day >1pack day **How Long:** 1yr 5yrs 10yr >10yrs
Other: _____

Who should we contact to schedule appointment? _____
 Relationship to patient: _____ Phone Number: _____
 Please indicate any information that would affect scheduling the appointment such as dialysis appointments, etc.: _____

Does patient/member have a POA/MPOA? Yes No If yes: Name: _____
 Ph# _____ Email: _____ Need to notify of appointments? Yes No
*****PLEASE EMAIL OR FAX A COPY OF POA DOCUMENTATION, IF APPLICABLE*****

Primary Care Physician: _____ Phone: _____ Fax: _____
 Group/Practice name: _____ Email address: _____

Case Manager (If applicable): _____ Phone #: _____
 Fax: _____ Email: _____

Please include copies of the following, if available: List of current medications Insurance Cards Doctor's Order

*****Patients will be scheduled in 4-12 weeks depending on location. Please call the office if more urgency is required*****