



Physicians & Surgeons, Ltd.

Hours: Monday & Thursday: 8:00 am - 7:00 pm; Tuesday, Wednesday & Friday: 8:00 am - 5:00 pm

Phone: 610-372-0712

Optometrist Referral to Ophthalmologist

Today's Date: _____ Referring OD: _____

Patient Name: _____ DOB: _____

Patient Phone: _____

Berks Eye MD Requested: D. Izzo Calder Tellez Pierson Bronner Nicholas M. Izzo Any

Primary Insurance _____

Secondary Insurance _____

Cataract Evaluation Glaucoma Evaluation Retinal Evaluation Corneal Evaluation
 Other: _____

Most Recent Rx: OD: _____ OS: _____

Does patient wear contacts? Yes No What kind? _____

Ocular Medications: _____

Is there a family history of glaucoma? Yes No Who? _____

Current IOP: OD: _____ OS: _____ Tmax: OD: _____ OS: _____

History of ocular surgery: _____

Please describe reason for referral: _____

Thank you for your referral
Please fax this form to Berks Eye at 610-376-6968