

Lenza Eye Center - Referral Form

25699 SW Argyle Avenue Unit A, Wilsonville OR, 97070

Main Phone: 503-833-2662

Referral Fax: 503-462-1552

Patient Name: _____
Patient Insurance: _____
Subscriber Name: _____
Relationship: _____
ID Number: _____
Auth Number: _____

Date of Request: _____
Patient DOB: _____
Subscriber DOB: _____
Patient Phone: _____
Insurance Phone: _____
(if PCP auth required)

Reason for Consult (check all that applies):

- Failed Eye Exam / Driver's License
- Headache (Rule Out Ocular Causes)
- Diabetic Eye Exam
- Plaquenil / High Risk Meds Exam
- History of Eye Disease
- Red Eyes / Infection
- Sudden Loss of Vision (Emergent consult)
- Routine glasses / contact check
- Eye Pain
- Cataract / Glaucoma / Mac Degeneration
- Neuro (Double Vision/ MS etc.)
- Other:

Referring Doctor: _____
Office Name: _____
Office Location: _____
Office Phone: _____
Office Fax: _____
Comments: _____

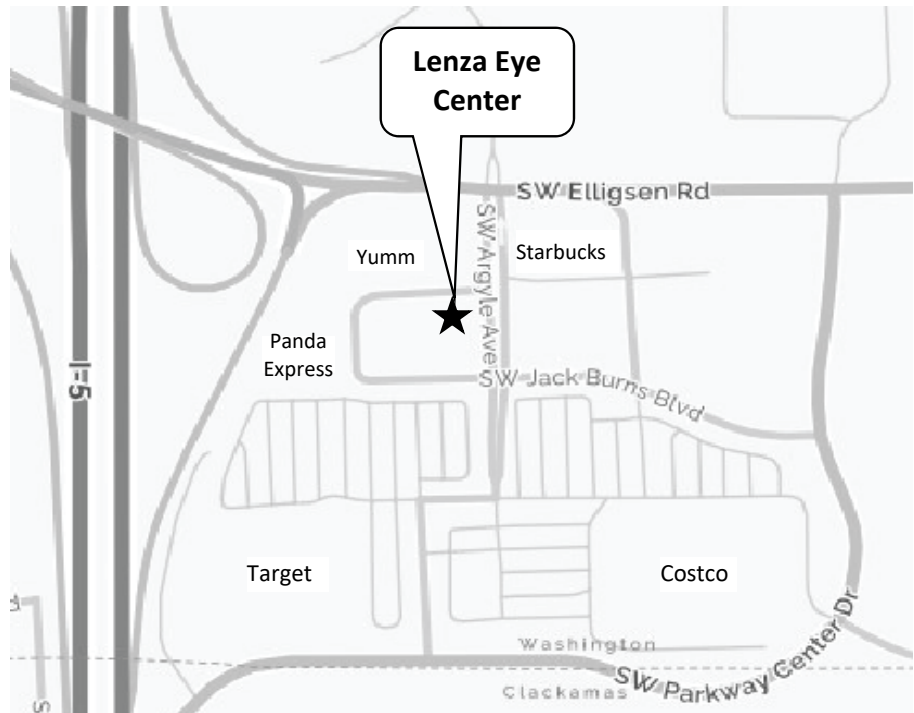
Please Specify Time Frame:

- Immediate Consult (Today)
- 1-2 days
- 1-2 weeks
- Next Available

Take Elligsen Rd Exit From I-5
Head East
In same shopping center as
Costco & Target

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Map for Lenza Eye Center:



Fax Completed Form to: 503-462-1552