

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

Map for Lenza Eye Center:

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

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Fax Completed Form to: 503-462-1552