Shepherd Eye Center
Since 1968

Patient Referral Form

Your Appointment: ☐ First available Doctor **Date/Time** _____

With:

- ☐ Brian D. Alder, M.D.
- ☐ Steven Ballard, M.D.
- ☐ Joyce H. Cassen, M.D.
- ☐ Kenneth Dang, O.D.
- ☐ Angelique Dela Victoria, O.D.
- ☐ Marshall Hill, D.O.
- ☐ J. Andrew Ho, O.D.
- ☐ Alesha Johnson, O.D.
- ☐ Lam Le, M.D.
- ☐ Brian Lee, O.D.
- ☐ Janet Lee, M.D.
- ☐ Aaron Mancuso, O.D.
- ☐ Ravi K. Reddy, M.D., F.A.C.S.
- ☐ Tushina A. Reddy, M.D.
- ☐ David Rosen, M.D.
- ☐ Robert B. Taylor, III, M.D., F.A.C.S.
- ☐ Raymond B. Theodosis, M.D.

Location:

☐ Centennial Hills Office
6850 N Durango
Suite 404
Las Vegas, NV 89149
Fax 702.906.2951

☐ Henderson Office
2475 W Horizon Ridge
Suite 120
Henderson, NV 89052
Fax 702.685.0934

☐ Las Vegas Office
3575 Pecos-McLeod
Las Vegas, NV 89121
Fax 702.734.7836

☐ Southwest Office
9100 W Post Rd
Las Vegas, NV 89148
Fax 702.982.5714

☐ Summerlin Office
2100 N Rampart Blvd
Las Vegas, NV 89128
Fax 702.228.3988

Appointment Reminders:

- Please bring ID and insurance card(s)
- Please bring a list of all current medications
- Please plan on up to 2 hours for your appointment
- Please bring your glasses, contact lens and contact case
- Payment will be collected at time of the service
- Your eyes may be dilated

I, _____ , authorize my records to be released from my referring doctor to this doctor regarding my care.

Signature: Date:

Patient Referral Form

PATIENT INFORMATION (PLEASE PRINT)

DOB

Patient Name

Phone (Home) (Work)

Insurance

Insured Person

Policy Number

Group Number

Authorization Number

Authorized By

PLEASE PRINT

Referring Doctor's Name

Referring Doctor's Address

Referring Doctor's Phone Number

Diagnosed with or suspected of:

- ☐ Diabetic Screening
- ☐ Glaucoma Screening
- ☐ Cataracts
- ☐ Macular Degeneration
- ☐ Unexplained Vision Loss
- ☐ Pterygium
- ☐ Diabetic Retinopathy
- ☐ Flashes and Floaters-acute
- ☐ CVA (stroke)
- ☐ Cornea/Refractive
- ☐ Ptosis
- ☐ Dermatochalasis
- ☐ Pituitary Tumor(s)
- ☐ Trauma
- ☐ Dry Eye Syndrome
- ☐ Strabismus/Eye Misalignment
- ☐ Amblyopia
- ☐ Pediatric Consult

Other