



Dr. Jeffrey D Wine, OD, FAAO
Medical Optometrist

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 DOCUMENTAION, 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*****