St. Luke's at The Villages
Life Changing Vision®

Request for Consultation

1050 Old Camp Road, Bldg #230, The Villages, FL 32162 • local: 352-350-8484
2955 Brownwood Blvd. Suite 303, The Villages, FL 32163 • local: 352-626-1450

REFERRING DOCTOR:

Today's Date: _____

Referring Doctor:_____ Doctor's Phone #:_____

Patient's Name: _____ Date of Birth: _____

Patient's Phone #: _____

Dear St. Luke's at The Villages:

I am requesting assistance with the care of my patient. Please evaluate his/her problem(s) or condition(s) and consider treatment as appropriate.

I look forward to hearing from you regarding your assessment and suggested care. Upon completion of your consultation and/or treatment, I will resume his/her general care.

_____

Referring Doctor's Signature: **Date:**

CONSULTING DOCTOR:

☐ Kimberly Ireland, MD ☐ John Gooch, MD ☐ Remington Horesh, DO ☐ Joseph Licht, DO

Reason for consultation:

☐ Cataract
☐ Decreased Vision
☐ Diabetic Eye Care
☐ Oculoplastics
☐ Posterior Capsule Opacification
☐ Cornea
☐ Glaucoma/Ocular Hypertension
☐ Retinal/Macular Degeneration

☐ Other _____

Please fax this form to us at:
352.626.1395