



**Nevada
Eye Care**

EAST:
2090 East Flamingo Rd.
Suite #100
Las Vegas, NV 89119
PHONE: (702) 633-2020
FAX: (702) 733-1556

WEST:
7730 West Cheyenne Ave.
Suite #103
Las Vegas, NV 89129
PHONE: (702) 633-2020
FAX: (702) 869-6332

www.nevadaeyecare.com

EMIL STEIN MD FACS PAUL CASEY MD FACS STEWART PARK MD FACS ARCHANA REDDY MD LOREN LITTLE MD FACS

PATIENT REFERRAL FORM TO NEVADA EYE CARE

Patient Name _____ **Date** __ / __ / ____

Patient Phone _____ **DOB** __ / __ / ____

Reason for Referral _____

or please select:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Eye exam | <input type="checkbox"/> Glasses/contacts | <input type="checkbox"/> Diabetic Eye Exam |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Eye irritation | <input type="checkbox"/> Cataracts |
| <input type="checkbox"/> Floaters | <input type="checkbox"/> Eyelid disorder | <input type="checkbox"/> Eye trauma |
| <input type="checkbox"/> Strabismus | <input type="checkbox"/> Diplopia | <input type="checkbox"/> Vision change/loss |
| <input type="checkbox"/> LASIK | <input type="checkbox"/> Plaquenil exam | <input type="checkbox"/> Headache/migraine |

- Request for Evaluation** **Emergently**
- Within 2-5 days**
- At patient's convenience**

Referring Doctor _____ **Office Phone** _____

Office Address _____ **Office Fax** _____

Referring Doctor Preference for Patient Evaluation:

- | | |
|---|--|
| <input type="checkbox"/> First Available/Any Nevada Eye Care MD | <input type="checkbox"/> Paul Casey, MD FACS |
| <input type="checkbox"/> Stewart Park, MD FACS | <input type="checkbox"/> Emil Stein, MD FACS |
| <input type="checkbox"/> Loren Little, MD FACS | <input type="checkbox"/> Archana Reddy, MD |

Your appointment is on _____, at:

- | | |
|--|---|
| <input type="checkbox"/> East Side Office
2090 E. Flamingo Rd. #100
Las Vegas, NV 89119
(702) 633-2020 | <input type="checkbox"/> West Side Office
7730 W. Cheyenne Ave. #103
Las Vegas, NV 89129
(702) 633-2020 |
|--|---|

Please bring this form with you to your appointment, along with all insurance cards.