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## Scleral Contact Lens Referral Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Phone: \_\_\_\_\_ Patient Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_

Referring Provider Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Reason for Referral:

**Medical:**

- Keratoconus
- Corneal Degeneration
- Corneal Ectasia
- Refractive Surgery Complication (RK, Lasik)
- Recurrent Corneal Erosion
- Dry Eye
- Corneal Scar / Opacity / Irregularity
- Post Corneal Transplant
- Other: \_\_\_\_\_

**Refractive:**

- High Astigmatism (3D or more)
- High Sphere (+/-10D or more)
- Anisometropia/Aniseikonia/Spec Mag
- Subjective Visual Distortions
- Irregular cylinder axis
- Inadequate vision with current Glasses
- Inadequate vision with current CL
- Intolerant to SOFT or RGP lenses
- Other: \_\_\_\_\_

\*-Please attach the most recent comprehensive eye exam to the referral form-\*

*Note: This will reduce patient examination time and enable the patient to have their Scleral Lens evaluation at their initial visit. Without these answers or attached supporting documentation, a comprehensive eye examination may be needed prior to scleral lens fitting to determine the contributing factors for decreased acuity and/or indication for a scleral contact lens while submitting to insurance.*

**BCVA OD: 20/\_\_\_\_**

**BCVA OS: 20/\_\_\_\_**

Retinal condition affecting BCVA? YES/NO If yes please specify what condition(s) \_\_\_\_\_

Cataract affecting BCVA? YES/NO

Previous CL wearer? YES/NO If yes please specify what lenses \_\_\_\_\_

Most recent exam attached YES/NO

Relevant Contributing Medical History: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

As always, all patients will be advised to return to the referring provider for yearly comprehensive eye exams. Notes about the specialty lens fitting will be sent to the referring provider upon the completion of the fitting process.

*Please fax or mail this form to Capital Vision Center and we will call the patient for you to set up an evaluation and fitting. We accept many medical and vision insurances for specialty contact lenses and we will work closely with the patient to make sure all questions are answered. Contact us with any questions or for more information.*