

Kelly Bui, MD Sheldon Cowen, MD

515 Minor Ave, Ste 160 Seattle, WA 98104

Tel: 206-624-5288 Fax: 206-628-4321

Date: Referring Doctor:					Phone #:		
Urgency Status:					Fax #:		
☐ Today / Tomorrow			☐ <1 we	eek 🔲 <1 mo	onth	Next available	
Patient name:				DOB:			
Patient phone #:				Insurance:			
Visual Acuity: OD	OS			IOP: OD		_ OS	
Referring Diagnosis:							
Surgical Evaluation:	OD	os	OU				
Cataract	Yag C	Yag Cap SL		Laser retinopexy	Intravitr	itreal injection	
Medical Evaluation:	OD	os	OU				
Details:							
Continuity of Care Request: Retain patient at WA Eye Surgeons for treatment and monitoring of this condition Refer patient back with recommendations (second opinion only)							
Please fax this form to 206-628-4321 OR email to info@waeyesurgeons.com							

https://www.waeyesurgeons.com