



HELLERSTEIN & BRENNER  
VISION CENTER, P.C.

TRICIA BRENNER, O.D. • SHELBY RILEY, O.D. • SARA GRELL, O.D. • KYARA FARINELLA, O.D. • AMY OVERLAND, O.D.

### PATIENT REFERRAL FORM

**TO:** Hellerstein and Brenner Vision Center, P.C. Date: \_\_\_\_\_

Email: [main@HBVision.net](mailto:main@HBVision.net) | Phone: (303) 850-9499 | Fax: (303) 648 - 6321  
\_\_\_\_\_

**FROM:**

Referring Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**INTRODUCING:**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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

**I am referring the above patient to your office for the following reason(s):**

- ☐ Dry Eye Consultation
- ☐ BlephEx Treatment
- ☐ IPL Treatment
- ☐ RGP Fitting
- ☐ Scleral Lens Fitting
- ☐ Myopia Management

- ☐ Medical Consult: OCT
- ☐ Medical Consult: OCT Macula
- ☐ Medical Consult: OCT Optic Nerve Head
- ☐ Medical Consult: Visual Field Testing
- ☐ Medical Consult: Corneal Topography
- ☐ Other: \_\_\_\_\_

- ☐ Patient is to return to my office for eyewear needs
- ☐ Send report for co-management
- ☐ Call patient to schedule appointment
- ☐ *Attached are the patient's most recent examination records & other pertinent documents*