TLC EYECARE & LASER CENTERS

AFFILIATE RELATIONS DEPARTMENT
Affiliate Communications Team: PHONE: (866) 399-1790
Affiliate Communications Team: FAX (517) 817-0141

CO-MANAGING/REFERRING DOCTOR

Doctor Name: _____ Phone #: _____

Practice Name/Location: _____

Will you be Co-Managing: ☐ No ☐ 1 day ☐ 14 day

PATIENT

Last Name: _____ First Name: _____

Phone # (H): _____ Phone # (W): _____ DOB: _____

Appointment Date: _____ Appointment Time: _____

Primary Care Physician: _____ Medical Insurance: _____

Contact Lens Wearer: ☐ Yes ☐ No

If yes, what types: ☐ toric ☐ multi focal ☐ soft ☐ gas perm ☐ other_____

How many years of contact lens wear: _____?

TLC LOCATION:

☐ Corporate	☐ Bellevue	☐ Lansing	☐ Sandusky
☐ Adrian	☐ Bryan	☐ Portage	☐ Southfield
☐ Ann Arbor	☐ Chelsea	☐ Retina Institute	☐ Toledo
☐ Battle Creek	☐ Jackson	☐ Saline	☐ West Bloomfield

TLC DOCTOR:

☐ Raphael Addiego, MD	☐ Jeffrey Katz, MD	☐ James Ravin, MD	☐ Angela Cumming, OD
☐ Jonathan Bernstein, MD	☐ Marcus Rhem, MD	☐ Anthony Sensoli, MD	☐ Colleen Gould, OD
☐ Ronald Brown, MD	☐ Kevin Lavery, MD	☐ Clint Simpson, MD	☐ Jamie Shay, OD
☐ Paul Ernest, MD	☐ Erica Person, MD	☐ Neal Tolchin, MD	☐ David Trujillo, OD
☐ Luis Gago, MD	☐ Sujata Purohit, MD	☐ RaShawn Venerable, MD	☐ Kevin VandenBosch, OD
☐ Carmelina Gordon, MD	☐ Surendar Purohit, MD	☐ David Bejot, OD	

OCULAR EXAMINATION

	OD	OS
Manifest Refraction and BCVA	_____	_____
IOP	_____	_____
Anterior Segment	_____	_____
Posterior Segment	_____	_____
Diagnosis	_____	

_____

Reason for referral: _____

_____

Signature of Referring Doctor / Authorized Staff: _____