

FAX REFERRAL FORM

Referral Coordinator - Mariah Saucedo, 913-328-2020 (phone) 913-273-0031 (fax)

Today's Date: ____/____/____

Patient Name: _____

Patient DOB: ____/____/____ Patient Cell Phone #: ____-____-____

Patient Email: _____@_____

Referring Physician: _____

Physician Phone Number ____-____-____ Physician Fax Number: ____-____-____

Retina Scan Completed Yes No

Please indicate one: _____ Today, if possible _____ Within 1 week _____ Next Available _____ Other

Please circle desired physician: (If none, we will select first available.)

RETINA

- Nelson R. Sabates, M.D.
- Abraham K. Poulouse, M.D.
- Michael A. Cassell, M.D.

CATARACTS

- Nelson R. Sabates, M.D.
- Abraham K. Poulouse, M.D.
- Rohit Krishna, M.D.
- Michael A. Cassell, M.D.
- Timothy A. Walline, M.D.

- Komal B. Desai, M.D.
- Kevin P. Pikey, D.O.
- Katie Macaluso, M.D.

OCULAR ONCOLOGY

- Komal B. Desai, M.D.

CORNEA

- Katie Macaluso, M.D.

PLASTIC/RECONSTRUCTIVE/AESTHETICS

- David B. Lyon, M.D.
- Matthew Sniegowski, M.D.

NEURO-OPHTHALMOLOGY

- Sean Gratton, M.D.

REFRACTIVE SURGERY (LASIK/CK/PRK)

- Timothy A. Walline, M.D.
- Katie Macaluso, M.D.

GENERAL

- Komal B. Desai, M.D.
- Kevin P. Pikey, D.O.
- Matthew Sniegowski, M.D.
- John Cottle, O.D.
- Ramona Baumfalk, O.D.
- Jessica Price, O.D.
- Alyssa Cooper, O.D.
- Jared Stoecklein, O.D.
- Amanda Hake, O.D.

GLAUCOMA

- Rohit Krishna, M.D.
- Kevin P. Pikey, D.O.

Please circle desired location: (If none, we will select with patient input.)

Kansas Locations:

- Overland Park/Leawood: 11261 Nall Avenue
- Leavenworth: 1001 6th Ave, Suite 100

Missouri Locations:

- Independence 4741 S. Arrowhead Drive
- Northland: 5811 N.W. Barry Road
- Plaza/St. Luke's: 4320 Wornall Rd., Suite 220
- St. Joseph: 1329 Village Drive
- Warrensburg: 601 E. Russell, Suite A

THANK YOU FOR YOUR REFERRAL!

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