

EYE CENTER OF TEXAS PATIENT CARE REFERRAL



REFERRED BY DR: _____ LOCATED AT: _____

DOCTOR'S PHONE: _____ FAX: _____

PATIENT NAME: _____ DOB: _____

PATIENT PHONE: _____ ALT NUMBER: _____

- PATIENT WILL CALL ECT TO SCHEDULE APPOINTMENT
- ECT WILL CALL PATIENT TO SCHEDULE APPOINTMENT
- PATIENT HAS ALREADY BEEN SCHEDULED

SPANISH SPEAKING PATIENT

CHECK PREFERRED LOCATION:

- Bellaire Pasadena Sugar Land Clear Lake Katy The Woodlands/Conroe

REASON FOR CONSULTATION: Please send tests if performed

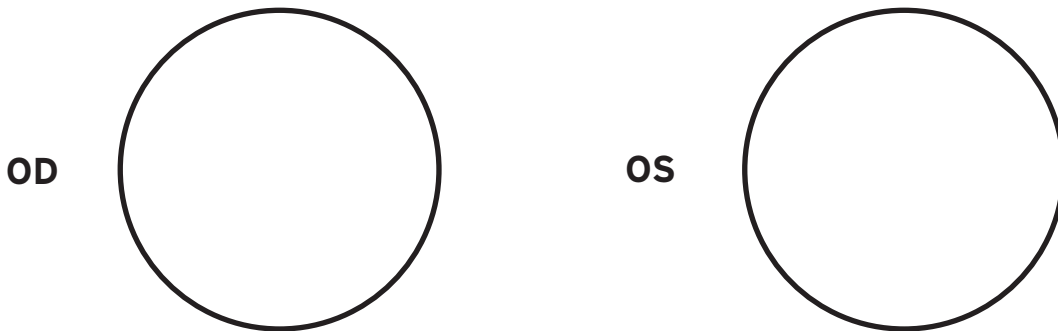
- Cataract Cornea Glaucoma Retina Other
 Oculoplastics Oncology Uveitis Neuro-oph _____

TESTING ONLY / NO EXAM

Check one: OCT - MAC OCT - NFL Pachs VF TOPO

CLINIC DETAILS: _____

REFRACTION: OD _____ 20/ _____ IOP: OD _____ METHOD: _____
OS _____ 20/ _____ OS _____



PLEASE FAX OR SEND A COPY WITH THE PATIENT

BELLAIRE
6565 West Loop South
Suite 650
Bellaire, TX 77401
713.797.1010 p.
713.357.7276 fax

PASADENA
4415 Crenshaw Rd
Pasadena, TX 77504
281.977.8800 p.
281.977.8877 fax

SUGAR LAND
15400 Southwest Frwy
Suite 301
Sugar Land, TX 77478
281.277.1010 p.
281.277.4504 fax

CLEAR LAKE
455 E. Medical Center Blvd
Suite 110
Webster, TX 77598
281.332.1397 p.
281.282.9152 fax

KATY
Greenhouse Medical Plaza
2051 Greenhouse Road
Suite 110
Houston, TX 77084
713.797.1010 p.
713.357.7276 fax

**THE WOODLANDS/
CONROE**
100 Medical Center Blvd
Suite 118
Conroe, TX 77304
713.797.1010 p.
936.647.1620 fax