

EYE CENTER OF TEXAS PATIENT CARE REFERRAL



DATE _____

REFERRED BY DR: _____

LOCATED AT: _____

DOCTOR'S PHONE: _____

FAX: _____

PATIENT NAME: _____

DOB: _____

PATIENT PHONE: _____

ALT NUMBER: _____

☐ PATIENT WILL CALL ECT TO SCHEDULE APPOINTMENT

☐ SPANISH SPEAKING

☐ ECT WILL CALL PATIENT TO SCHEDULE APPOINTMENT

PATIENT

☐ PATIENT HAS ALREADY BEEN SCHEDULED

☐ OTHER LANGUAGE

CHECK PREFERRED LOCATION:

☐ Houston/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 ☐ Pach's ☐ VF ☐ TOPO

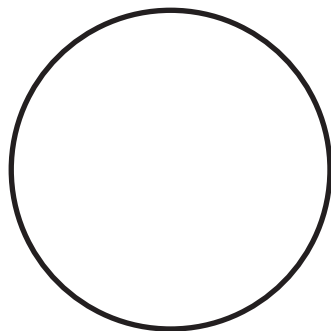
CLINIC DETAILS: _____

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

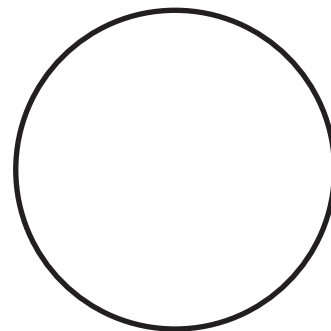
OS _____ 20/____

OS _____

OD



OS



PLEASE FAX OR SEND A COPY WITH THE PATIENT

HOUSTON/ 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

15200 Southwest Frwy
Suite 130
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
346.547.7070 p.
281.214.2971 fax

THE WOODLANDS/ CONROE

100 Medical Center Blvd
Suite 118
Conroe, TX 77304
936.647.1610 p.
936.647.1620 fax

