



6601 S. Minnesota Ave., Suite 200
Sioux Falls, SD 57108
605.336.6294 800.888.1433
Fax: 605.336.0266

REFERRAL REQUEST - Please call patient to schedule Patient is scheduled: _____

Patient Information:

Name: _____ DOB: _____
Address: _____
Phone Number(s): _____
Insurance: _____
Accommodations needed: Wheelchair Interpreter _____

Referral Type:

- Emergency
- Cataract Evaluation
- Retinal Evaluation
- Consultation
- Glaucoma Evaluation*

**To best treat patients, all previous records, tests and treatments, will be reviewed prior to scheduling with one of our glaucoma specialists.*

Referring Doctor/Clinic: _____

Phone: _____ Fax: _____

Reason for Consult/Primary Diagnosis: _____

- I look forward to receiving your opinion and will resume general care following your consultation and management.
- I prefer to transfer this patient's medical care to you and your clinic.

Referring Doctor Signature: _____ Date: _____

Select Specialist and Location *Some procedures/evaluations are only done in our Sioux Falls clinic.

Cataracts/Comprehensive Ophthalmology

- Dustin L. Dierks, MD
Sioux Falls • Mitchell • Pipestone • Worthington

Cataracts/Pediatrics

- David R. West, MD
Sioux Falls • Laverne • Windom

Cataracts/Cornea

- Michael K. Eide, MD
Sioux Falls • Madison • Mitchell

Retina/Vitreous

- Elizabeth A. Atchison, MD
Sioux Falls • Yankton
- Ryan L. Geraets, MD
Sioux Falls • Worthington
- Eric R. Thomas, MD
Sioux Falls • Mitchell

Cataracts/Glaucoma

- Jonathon P. Erickson, MD, MS
Sioux Falls • Sibley • Worthington
- Elise J. In't Veld, MD
Sioux Falls • Windom
- Gregory D. Osmundson, MD
Sioux Falls • Sioux Center

Medical Optometry

- Andrea L. McCann, OD, FAAO
Sioux Falls
- Emily L. Walters, OD
Sioux Falls

Cataracts/Oculoplastics

- Bryan J. Hammer, MD
Sioux Falls • Dell Rapids • Mitchell • Rock Valley

Please fax completed form to (605) 336-0266 prior to the scheduled appointment to help us care for your patient.