



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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Rx Date: \_\_\_\_\_ OD \_\_\_\_\_ 20/ \_\_\_\_ Manifest Rx OD \_\_\_\_\_ 20/\_\_\_\_  
OS \_\_\_\_\_ 20/ \_\_\_\_ Manifest Rx OS \_\_\_\_\_ 20/\_\_\_\_

- 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 • Luverne • 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**

- Elise J. In't Veld, MD  
Sioux Falls • Sibley
- Gregory D. Osmundson, MD  
Sioux Falls • Sioux Center

**Medical Optometry**

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

**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.**