



The difference is in sight.

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PROFESSIONAL SOLUTIONS FOR GLAUCOMA , CORNEA, AND CATARACTS

REQUEST FOR CONSULTATION

FAX TO: 920.499.9636

Requesting Doctor: _____ Today's Date: _____

Patient: _____ DOB: _____

Consultant Appointment Date: _____ Time: _____

_____ Tyson Schwiesow MD _____ Kurt Schwiesow MD _____ Matthew Thompson MD

Reason for Consultation: _____ Cataract _____ Glaucoma _____ Cornea
_____ Cataract with presbyopia or astigmatism-correcting IOL
_____ Refractive Surgery
_____ Other: _____

Ophthalmic History:

Ophthalmic Medication:

Tonometry: OD _____ mm Hg

OS _____ mm Hg

Refraction: OD _____ + _____ x _____ 20/ _____

OS _____ + _____ x _____ 20/ _____

Slit Lamp Exam:

Fundus:

Comments:

Signed: _____ Date: _____

