



TYSON SCHWIESOW, M.D.  
KURT SCHWIESOW, M.D.  
MATTHEW THOMPSON, M.D.  
KARL SCHWIESOW, M.D.  
AMANDA SCHUSTER, O.D.  
MICHAEL SERVI, O.D.

PROFESSIONAL SOLUTIONS FOR GLAUCOMA, CORNEA, AND CATARACTS

**REQUEST FOR CONSULTATION**

**FAX TO: 920.499.9636**

Requesting Doctor: \_\_\_\_\_ Today's date: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Consultation Appointment date: \_\_\_\_\_ Time: \_\_\_\_\_

Referred to: Tyson K. Schwiesow \_\_\_\_\_ Kurt A. Schwiesow \_\_\_\_\_ Matthew J. Thompson \_\_\_\_\_

Reason for Consultation: \_\_\_\_\_ Cataract \_\_\_\_\_ Glaucoma \_\_\_\_\_ Cornea  
\_\_\_\_\_ Cataract with presbyopia or astigmatism-correcting IOL  
\_\_\_\_\_ Refractive surgery  
\_\_\_\_\_ Other: \_\_\_\_\_

Patient requests to comanage post-operative care

Ophthalmic History:

Ophthalmic Medication:

Tonometry: OD \_\_\_\_\_ mm Hg

OS \_\_\_\_\_ mm Hg

Refraction: OD \_\_\_\_\_ + \_\_\_\_\_ x \_\_\_\_\_ 20/ \_\_\_\_\_

OS \_\_\_\_\_ + \_\_\_\_\_ x \_\_\_\_\_ 20/ \_\_\_\_\_

Slit Lamp Exam:

Fundus:

Comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_