



The Dry Eye Center Of Evansville

at
Hometown Ophthalmology

Dry Eye and Blepharitis Patient Referral Form

Patient Name:

Date of Birth:

Address:

Home Phone: _____ Cell Phone: _____

Medical insurance: _____

Current Primary EYE Care Physician: _____

Does the patient have another appointment scheduled with that eye doctor?: Yes No

For glaucoma patients:

Please do not change glaucoma treatment

Patient is allowed to have SLT if necessary due to drop intolerance

Patient is allowed to have Durysta injection if necessary due to drop intolerance

What treatment for dry eye or blepharitis has the patient tried:

Artificial Tears Night time ointment Punctal plugs

Restasis/Cequa/Xiidra Lipi-flow

Other:

A printable copy of this form is available at hometownophthalmology.com