



CLARITY

EYE AND FACE

1898 S. Main St
Waynesville, NC 28786

Ph: (828) 333-4844
Fax: (828) 585-7621

Referral Form

Please complete the information below (or attach demographic and insurance information)

Patient Name: _____ DOB: _____

Telephone: _____ Email: _____

Insurance Carrier: _____ Secondary : _____

Patient demographic information and insurance cards attached

Reason for referral:

- | | |
|---|---|
| <input type="checkbox"/> Droopy upper lids (blepharoplasty eval) | <input type="checkbox"/> Lid lesion |
| <input type="checkbox"/> Skin cancer reconstruction (post Mohs) | <input type="checkbox"/> Chalazion/Stye |
| <input type="checkbox"/> Eyelid trauma | <input type="checkbox"/> Ectropion |
| <input type="checkbox"/> Temporal Artery Biopsy (please fax over ESR, CRP, etc.) | <input type="checkbox"/> Entropion |
| <input type="checkbox"/> Cosmetic (\$250 fee that can be applied towards surgery) | <input type="checkbox"/> Trichiasis |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Tearing |

please note that due to current non-compete restrictions for 1 year, Dr. Choe is unable to offer dacryocystorhinostomy, orbital fractures, and eye removal surgeries as they must be taken to a hospital or ambulatory surgery center

Urgency

- STAT (please call 828-333-4844 to notify us of this stat referral)
 Routine

Referring Practice Name: _____

Referring Provider Name: _____

Please fax this (along with any pertinent office notes) to: (828) 585-7621
Or you may call the office directly at: (828) 333-4844