

FLORIDA OCULOPLASTICS

DR. BRANDON CLAIR, MD
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Non-Urgent Referral Form

URGENT REFERRALS: Call 727-356-5437 and press 9 for the Front Office.

INSTRUCTIONS: Fax to 727-221-5222 with the patient's face sheet (including insurance information), relevant clinic notes, surgical reports, imaging, and diagnostic testing results, as applicable.

PATIENT & REFERRING PROVIDER INFORMATION

Patient Name (Last, First, M.I.):

☐ M ☐ F

DOB:

Patient Phone #:

Patient Address:

Referring Doctor:

Date of Patient's Last Visit:

Referring Doctor Phone #:

Referring Doctor Fax #:

REASON FOR REFERRAL

Clinical details / reason for referral:

☐ Functional Eyelid Evaluation

☐ Orbital Evaluation / Thyroid Eye Disease (TED)

☐ Tearing / Disorders of Lacrimal System

☐ Eyelid Cancer Reconstruction

☐ Functional Botox

☐ Cosmetic Eyelid Evaluation

☐ Enucleation

☐ Cosmetic Injectables (Neurotoxin, Filler, etc.)

☐ Eyelid Lesion Removal

☐ Cosmetic Lasers

☐ Chalazion Evaluation

☐ Other: _____

REQUESTING TO BE SEEN

☐ Within 3 days

☐ Within 1-2 weeks

☐ Within 1 month

☐ Patient Preference

☐ Other:

Referral form available online at www.floplastics.org

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