

DAVID YOMTOOB M.D.
CATARACT AND GLAUCOMA SPECIALIST
1310 W. Stewart Dr. Suite 501
Orange, CA 92868
P: 714-771-2020 F: 714-771-1900

EYE CONSULTANTS

CONSULT FORM

PATIENT INFORMATION: **TODAY'S DATE:** _____

NAME: _____ DOB: _____

PHONE: _____

REFERRING PHYSICIAN INFORMATION:

NAME: _____ EMAIL: _____

PHONE: _____ FAX: _____

REASON FOR CONSULT:

CATARACT GLAUCOMA RED EYE VISION LOSS UVEITIS

OTHER: _____

VISION:

REFRACTION (MR OR CR):

OD: _____

OD: _____

OS: _____

OS: _____

IOP:

DOES THE PATIENT HAVE:

OD: _____

Y/N PRISM IN GLASSES

OS: _____

Y/N PREVIOUS REFRACTIVE SURGERY

Y/N MONOVISION

Y/N CONTACT LENSES

Y/N INTEREST IN MULTIFOCAL/TORIC LENS

FINDINGS/COMMENTS: _____

PLEASE FAX TO 714-771-1900