MILE HIGH EYE INSTITUTE

Main Office Denver/Sheridan:
3535 River Point Parkway, Suite 200
Sheridan, CO 80110
Centralized Scheduling and Support:
Ph: 303.482.1300 | F: 303.482.1356
www.mhei.com

REQUEST FOR CONSULTATION

Requested by

Dr. _____ ☐ OD ☐ MD ☐ DO ☐ PA ☐ NP Date __/__/__

Location: _____ Phone: _____ Fax: _____

Requested Doctor

☐ First Available
☐ First Available MD

☐ William Richheimer, MD
Cataract & Refractive Surgeon
and Cornea Specialist

☐ Zachary Vest, MD
Cataract & Glaucoma Surgeon

☐ Leonid Zukin, MD
Cataract & Refractive Surgeon
and Cornea Specialist

☐ Marshall Huang, MD
Cataract & Glaucoma Surgeon

☐ Audrey Hudson, OD
☐ Madeline Graber, OD
☐ Lisa Reyes, OD
☐ Ashley Esser, OD
☐ Pearl Shin, OD

Patient Data

Patient Name _____ DOB __/__/__

Phone: Cell _____ Home _____ Work _____

Insurance _____

Consult Information

(OK to skip and attach chart notes)

Manifest Refraction
(if applicable):

OD:____-____x____=____

OS:____-____x____=____

☐ Cataract Surgery
Interested in (check all that apply):
☐ Toric IOL ☐ Multifocal IOL
☐ Monovision ☐ Crosslinking

☐ LASIK/Refractive

☐ Corneal Surgery

☐ Yag Surgery
☐ Pterygium Surgery
☐ Glaucoma
☐ Keratitis
☐ Dry Eyes/Tearing
☐ Other: _____

Symptoms

☐ Decreased Vision
☐ Pain/Foreign Body Sensation
☐ Red Eye/Discharge
☐ Glare
☐ Increased IOP
☐ VF Defect
☐ Floaters/Flashes
☐ Other _____

Co-Management

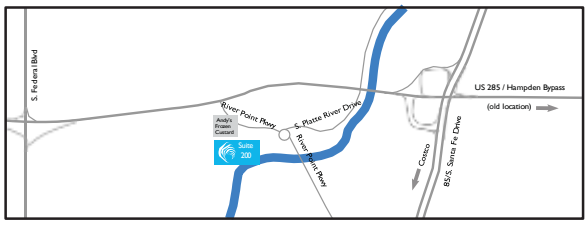
☐ Yes, this patient would like to be co-managed.
☐ No, please treat and refer back when resolved.
☐ Other: _____

Appointment

☐ Please call patient to schedule appointment.
☐ Scheduled for: Date _____ Time _____

Location

☐ **Main Office: Sheridan/Denver (map below):** 3535 River Point Pwy, Ste 200, Sheridan, CO 80110



Satellite Offices:

☐ **Aurora:** Potomac Medical Plaza, 1550 S Potomac St., Ste 220, Aurora, CO 80012
☐ **Castle Rock:** 3740 Dacoro Lane, Ste 145, Castle Rock, CO 80109
☐ **Broomfield:** 13605 Xavier Lane, Broomfield, CO 80023
☐ **Frisco:** 620B E. Main Street, Frisco, CO 80443
☐ **Goodland:** Goodland Regional Medical Center, Kansas
☐ **Vail:** 1140 Edwards Village Blvd., B-206, Edwards, CO 81632

Other Ways to Refer

Refer through Phreesia-Connect: Visit MHEI.com > select "Referring Doctors" > select "Online Form **You're welcome to call, fax or email as well.**

Dr. Richheimer - Cell: 720.949.5316
Email: DrR@mhei.com

Dr. Vest - Cell: 214.728.4158
Email: DrVest@mhei.com

Dr. Zukin - Cell: 303.621.4299
Email: DrZukin@mhei.com

Dr. Huang - Cell: 860.808.8630
Email: DrHuang@mhei.com

Dr. Graber - Cell: 574.721.1048
Email: DrGraber@mhei.com

Dr. Hudson - Cell: 541.968.4741
Email: DrHudson@mhei.com

Dr. Reyes - Cell: 402.981.8030
Email: DrReyes@mhei.com

Dr. Esser - Cell: 605.460.1467
Email: DrEsser@mhei.com

Dr. Shin - Cell: 256.651.3785
Email: DrShin@mhei.com

(all emails are secure)