



**Main Office Denver/Sheridan:**  
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## REQUEST FOR CONSULTATION

<b>Requested by</b>	Dr. _____ <input type="checkbox"/> OD <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP Date ____/____/____		
Location: _____ Phone: _____ Fax: _____			
<b>Requested Doctor</b>	<div><input type="checkbox"/> William Richheimer, MD Cataract &amp; Refractive Surgeon and Cornea Specialist</div> <div><input type="checkbox"/> Leonid Zukin, MD Cataract &amp; Refractive Surgeon and Cornea Specialist</div> <div><input type="checkbox"/> Audrey Hudson, OD</div> <div><input type="checkbox"/> Madeline Graber, OD</div> <div><input type="checkbox"/> Lisa Reyes, OD</div> <div><input type="checkbox"/> Ashley Esser, OD</div> <div><input type="checkbox"/> Pearl Shin, OD</div> <div><input type="checkbox"/> First Available</div> <div><input type="checkbox"/> First Available MD</div> <div><input type="checkbox"/> Zachary Vest, MD Cataract &amp; Glaucoma Surgeon</div> <div><input type="checkbox"/> Marshall Huang, MD Cataract &amp; Glaucoma Surgeon</div>		
<b>Patient Data</b>	Patient Name _____ DOB ____/____/____ Phone: Cell _____ Home _____ Work _____ Insurance _____		
<b>Consult Information</b>	<div><input type="checkbox"/> Cataract Surgery</div> <div><input type="checkbox"/> Yag Surgery</div> <div>(OK to skip and attach chart notes)</div> <div>Interested in (check all that apply):</div> <div><input type="checkbox"/> Toric IOL <input type="checkbox"/> Multifocal IOL <input type="checkbox"/> Pterygium Surgery</div> <div><input type="checkbox"/> Monovision <input type="checkbox"/> Crosslinking <input type="checkbox"/> Glaucoma</div> <div>OD: _____ - _____ x _____ = _____ <input type="checkbox"/> LASIK/Refractive <input type="checkbox"/> Keratitis</div> <div>OS: _____ - _____ x _____ = _____ <input type="checkbox"/> Corneal Surgery <input type="checkbox"/> Dry Eyes/Tearing</div> <div><input type="checkbox"/> Other: _____</div>		
<b>Symptoms</b>	<div><input type="checkbox"/> Decreased Vision <input type="checkbox"/> Glare <input type="checkbox"/> Floaters/Flashes</div> <div><input type="checkbox"/> Pain/Foreign Body Sensation <input type="checkbox"/> Increased IOP <input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Red Eye/Discharge <input type="checkbox"/> VF Defect</div>		
<b>Co-Management</b>	<div><input type="checkbox"/> Yes, this patient would like to be co-managed.</div> <div><input type="checkbox"/> No, please treat and refer back when resolved.</div> <div><input type="checkbox"/> Other: _____</div>		
<b>Appointment</b>	<div><input type="checkbox"/> Please call patient to schedule appointment.</div> <div><input type="checkbox"/> Scheduled for: Date _____ Time _____</div>		
<b>Location</b>	<input type="checkbox"/> <b>MAIN OFFICE: Sheridan / Denver:</b> 3535 River Point Parkway, Suite 200 - Sheridan, CO 80110		
<b>Satellite Offices:</b> <input type="checkbox"/> <b>AURORA:</b> Potomac Medical Plaza, 1550 S. Potomac Street, Suite 220 - Aurora, CO 80012 <input type="checkbox"/> <b>BROOMFIELD:</b> 13605 Xavier Lane, Suite G - Broomfield, CO 80023 <input type="checkbox"/> <b>CASTLE ROCK:</b> 3740 Dacoro Lane, Suite 145 - Castle Rock, CO 80109 <input type="checkbox"/> <b>FRISCO:</b> 620B E. Main Street - Frisco, CO 80443 <input type="checkbox"/> <b>GOODLAND:</b> Goodland Regional Medical Center 220 W 2nd Street - Goodland, KS 67735 <input type="checkbox"/> <b>LAKEWOOD:</b> 355 Union Boulevard, Suite 304 - Lakewood, CO 80228 <input type="checkbox"/> <b>VAIL:</b> 1140 Edwards Village Boulevard, B206 - Edwards, CO 81632			
<b>Other Ways to Refer</b>	<div><b>Dr. Richheimer</b> - Cell: 720.949.5316 Email: DrR@mhei.com</div> <div><b>Dr. Vest</b> - Cell: 214.728.4158 Email: DrVest@mhei.com</div> <div><b>Dr. Zukin</b> - Cell: 303.621.4299 Email: DrZukin@mhei.com</div> <div><b>Dr. Huang</b> - Cell: 860.808.8630 Email: DrHuang@mhei.com</div> <div><b>Dr. Graber</b> - Cell: 574.721.1048 Email: DrGraber@mhei.com</div> <div><b>Dr. Hudson</b> - Cell: 541.968.4741 Email: DrHudson@mhei.com</div> <div><b>Dr. Reyes</b> - Cell: 402.981.8030 Email: DrReyes@mhei.com</div> <div><b>Dr. Esser</b> - Cell: 605.460.1467 Email: DrEsser@mhei.com</div> <div><b>Dr. Shin</b> - Cell: 256.651.3785 Email: DrShin@mhei.com</div>		
Refer through Phreesia- Connect: Visit MHEI.com > select "Referring Doctors" > select "Online Form You're welcome to call, fax or email as well.			

(all emails are secure)