

# Primary Care Provider Communication Form

Date \_\_\_\_\_ PCP Name \_\_\_\_\_ PCP Fax \_\_\_\_\_

The following patient received an eye exam in my office on \_\_\_\_\_. In an effort to ensure coordination of care, I am including my exam findings and follow-up recommendations. Please contact me if you would like additional information.

## Patient Information

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

## Findings

Retinal exam demonstrated abnormalities

## Eye Conditions Include:

Diabetic Retinopathy       Cataracts       Macular degeneration  
 Glaucoma       Ocular surface disease       Other \_\_\_\_\_

## Potential Health Conditions Include:

Diabetes       High Cholesterol       Hypertension  
 At-risk for Prediabetes       Other \_\_\_\_\_

## Recommended Follow-Up

Follow-up exam is scheduled in my office on \_\_\_\_\_  
 Follow-up of abnormalities in my office is recommended in \_\_\_\_\_  
 Recommended consultation with Dr. \_\_\_\_\_  
 Phone \_\_\_\_\_ within \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Referring Optometrist

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Optometrist Name \_\_\_\_\_

Optometrist Signature \_\_\_\_\_

