

Clariti Advanced Vision Correction

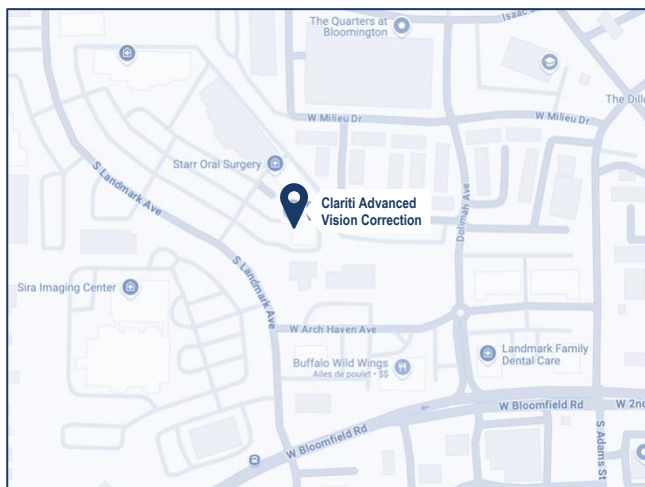
REFERRAL FORM



(812) 331-8181 OFFICE • (812) 331-8180 FAX

ADDRESS

481 S Landmark Ave,
Bloomington, IN 47403



Step 1: Referring Optometrist and Patient Information

Referring Optometrist: _____

Referring Practice: _____

Patient Name: _____

Patient Phone Number: _____

Summary: _____

☐ Cataract Evaluation ☐ Refractive Evaluation (LASIK, PRK, ICL, RLE) ☐ Glaucoma Evaluation ☐ Oculoplastics Evaluation

☐ YAG Capsulotomy ☐ YAG LPI ☐ YAG Vitreolysis ☐ SLT ☐ Other: _____

Step 2: Get To Know Our Practice

- Please visit our website at www.claritionline.com to learn more about our practice.
- Please be aware that it is your responsibility to verify your insurance coverage prior to the day of your visit. Please bring your insurance card. Please also bring a list of medications that you are currently using. Contact Lens wearers, please wear your glasses at the time of your visit.



Drew Davis M.D.

NO GLASSES OR CONTACT LENS SERVICES

PLEASE FAX ALL EXAM NOTES AND TESTING TO 812.331.8180