



River Country Eye Care, PLLC
Dr. Adam Goff

Referral Form

Today's Date

Patient Name

DOB

Patient Phone

Referring Physician Name

Referring Office Location

Referring Physician Phone

Referring Physician Fax

Reason for Consultation:

- Diabetic Eye Exam
- Failed Vision Screening
- Decreased Vision
- Pediatric Eye Exam
- Glaucoma Evaluation
- Cataract Evaluation
- Macular Degeneration
- Eye Infection
- Eye Allergy
- Dry Eye Evaluation
- OTHER (Please Specify)
- Emergency
 - Flashes & Floaters
 - Eye Pain
 - Foreign Body
 - Sudden Vision Loss

Details: _____

Dr. Goff will send a report following the consultation.

Preferred method of delivery: Fax Mail