



BARRY S. SEIBEL, M.D.

Cataract Surgery and Advanced Lens Implants

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Consultation Request

Patient's Name

Referring Doctor

Patient's Phone #

Doctor's Phone#

Date

Doctor's Fax#

Dear Dr Seibel:

I am sending this patient to you for assistance with his/her care. Please evaluate this patient's problem(s) or condition(s)

right eye

left eye

both eyes

cataract

blurred vision

other (describe):

and consider treatment as appropriate. I look forward to receiving your opinion and advice regarding care of this patient, and I will resume general care following your consultation.

Signed, _____

[referring doctor]

Please fax copy to Dr. Seibel and then give to patient.

Thank you.

