

GENERAL CONSULTATION REQUEST

This form can be used for any form of consultation. For cataract or laser vision correction consultation, optometrists can consider using our Cataract Consultation Request and Laser Vision Consultation Request forms respectively.

Office Requested (Please Check One):

- Houston:** 7737 Southwest Freeway, Suite 350, Houston, TX 77074
Phone 832-538-0083, Fax 281-240-0479
- Pearland:** 10015 W Broadway, Suite E, Pearland, TX 77584
Phone 832-406-7324, Fax 281-240-0479
- Sugar Land:** 736 Highway 6, Suite 101, Sugar Land, TX 77478
Phone 281-240-0478, Fax 281-240-0479

Appointment:

- Your office has arranged for the patient to see us on
_____ at _____.
Date Time
- Our office should call the patient to arrange for an appointment.

Reason for consultation

- | | |
|--|---|
| <input type="checkbox"/> LASIK | <input type="checkbox"/> Irritated Eyes |
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Flashes/Floaters |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Loss of Vision |
| <input type="checkbox"/> Sarcoid | <input type="checkbox"/> Eye or Eyelid Pain |
| <input type="checkbox"/> Plaquenil | <input type="checkbox"/> Eyelid Lesion |
| <input type="checkbox"/> Neurosurgical | <input type="checkbox"/> Droopy Eyelid |

Other: _____

Additional Information and/or Instructions: _____

PLEASE FAX THIS FORM TO THE NUMBER BELOW AND GIVE THE YELLOW COPY TO THE PATIENT TO BRING TO OUR OFFICE. THANK YOU.



AMJAD KHOKHAR, M.D.
Board Certified Ophthalmologist
Fellow of AAO

OZHAN JAFRI, O.D.
Therapeutic Optometrist

ZUBIN JIWANI, O.D.
Therapeutic Optometrist

Main Phone
281-240-0478

Fax
281-240-0479

Houston
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