Black Hills Regional Eye Institute
2800 Third Street • Rapid City, SD 57701
Local: (605) 341-2000 • Toll Free: 800-658-3500
Fax: (605) 341-9183
www.blackhillseyes.com

CONSULTATION FORM
FAX # 605-341-9183

Referring Optometrist_____________________________________ **NPI#**____________________

Referring Optometrist's Phone # (   ) _______ - _________

Circle One: **Dr. Abraham** (Fax: 605-719-3321) **Dr. Dirks** **Dr. Hafner**

Dr. Khachikian **Dr. Nixon** **Dr. Zimmerman**

Laser Vision Center - Dr. Schirber (Fax: 605-719-3330) **Dr. Spencer**

Low Vision Center-Dr. Bucknall (Fax: 605-719-3321) **On Call Doctor**

Reason for Referral____

Patient's Name____

Patient's Date of Birth____

Patient's Phone # **Home:** (   ) _________ - _________

Work: (   ) _________ - _________

Has an appointment been made for the patient?

If yes, date of appointment: _________________________

If no, should we contact the patient to schedule an appointment? Yes No

Ocular History____

____

OD: ___________ ___________ **X** ___________ **= 20/** **IOP: OD**___________

OS: ___________ ___________ **X** ___________ **= 20/** **IOP: OS**___________

Additional Comments____

____

____ _______________________

Signature, Referring Optometrist **Date**