



# LOUISIANA EYE & LASER

231 Windermere Boulevard, Alexandria, LA 71303  
Phone: 318.487.2020 | Toll Free: 1.877.861.7770

**PLEASE FAX REFERRALFORM TO: 318-427-0170**

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

PATIENT DOB: \_\_\_\_\_

PATIENT INSURANCE: \_\_\_\_\_

PATIENT PHONE: \_\_\_\_\_

REFERRAL DOCTOR: \_\_\_\_\_

DOCTOR PHONE: \_\_\_\_\_

**\*\*\* Please include a copy of the patient's demographics \*\*\***

**\*\*\* and last clinic note with the referral form \*\*\***

**DIAGNOSIS/REASON FOR REFFERAL:**

Cataract: \_\_\_\_\_

Retina (Diabetic/Plaquenil) Other: \_\_\_\_\_

LASIK: \_\_\_\_\_

Dry Eye: \_\_\_\_\_

Lids: \_\_\_\_\_

Glaucoma: \_\_\_\_\_

Other: \_\_\_\_\_

**ADDITIONAL NOTES/COMMENTS:**

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Requested Doctor (if any): \_\_\_\_\_