



# VISION INSTITUTE NORTHWEST

T: 509-487-0600 • F: 509-487-6238 • [www.VisionINW.com](http://www.VisionINW.com)

## Specialty Contact Lens Referral Form

Thank you for using Vision Institute Northwest for your patient's specialty Contact Lens needs. Please fill out the form below and fax the completed form along with any relevant chart notes to **509-487-6238**. We will contact the patient and schedule them for consultation and fitting at our North Spokane location.

### Referring Doctor Information

Doctor Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

### Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent or Guardian (if applicable): \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Medical Insurance ID Number: \_\_\_\_\_

Medical Group ID: \_\_\_\_\_

Vision Insurance Carrier: \_\_\_\_\_

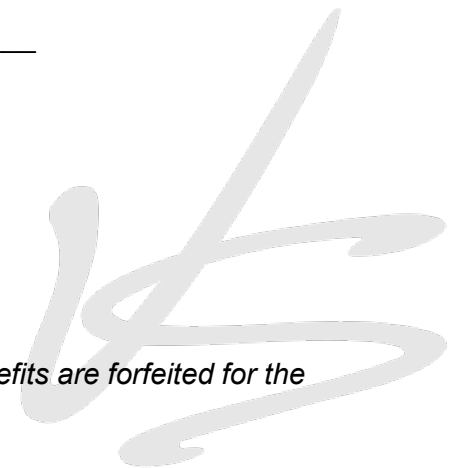
Vision Insurance ID Number: \_\_\_\_\_

*Please note: For VSP, medically necessary CL fitting and hardware benefits are forfeited for the year if the hardware benefit is billed for glasses or other CLs*

North Spokane  
12 E Rowan Ave, Ste 1  
Spokane, WA 99207

Spokane Valley  
12121 E Broadway Ave, Bldg 1  
Spokane Valley, WA 99206

Airway Heights  
11919 W Sunset Hwy, Ste E  
Airway Heights, WA 99001



**Expected Type of CL Fit**

- Scleral lens
- Prosthetic contact lens
- OrthoK
- Custom soft contact lens
- RGP
- Piggyback
- Hybrid
- Unsure
- Other: \_\_\_\_\_

**Diagnosis (check all that apply)**

- Keratoconus
- Irregular astigmatism
- Corneal Graft
- Post LASIK or RK
- Dry eye disease
- Graft-vs-Host disease
- Sjogren's syndrome
- Myopia
- Exposure keratitis
- Corneal scarring
- Other: \_\_\_\_\_

Is the patient a current CL wearer:

- Yes, type: \_\_\_\_\_
- No

Additional Notes:

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