

INSIGHT EYE CENTER  
MICHAEL E. ROM, M.D.  
CATARACT AND REFRACTIVE SURGERY

Date: \_\_\_\_\_

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

Patient Phone Number: \_\_\_\_\_

Referral Diagnosis:

- Cataract
  - LASIK
  - Glaucoma Work Up
  - Other
- Circle:   OD   OS   OU

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Dr. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Scheduled Appointment: \_\_\_\_\_ @ \_\_\_\_\_ A.M. P.M

- Chardon Office (440) 286-1188** - 13170 Ravenna Rd. # 204 Chardon, OH 44024  
(Located Across the Street from the Geauga Hospital)
- Mentor Office (440) 205-5840** - 9485 Mentor Ave. #200 Mentor, OH 44060  
(Located in the Lake Mentor Medical Campus)

\*Please Fax to (440) 286-1221

Thank You for Your Referral.