ALKEK EYE CENTER

BostonSight® PROSE Treatment Referral Form

Date:

Patient:

Last Name First Name DOB

Address:

Street City State Zip Code Country

home ☐ cell ☐

Best Contact Phone Number Patient Email Address

Referring Physician: Last Name First Name Practice Name

Street City State Zip Code Country

Office Phone Office Fax Provider EHR Direct Message Address

Referred for PROSE: ☐ OD ☐ OS

Treatment Goals (check all that apply): ☐ Improved BCVA ☐ Comfort ☐ Ocular surface support

Underlying Diagnosis(es) (check all that apply):

Ocular Surface Disease			Distorted Corneas
Stem Cell Deficiencies: ☐ Chemical burn ☐ Stevens Johnson syndrome / TENS ***Symblepharon within 3mm of limbus***: OD ☐ Yes ☐ No OS ☐ Yes ☐ No **If yes, precludes fit.** ☐ Other	**K Sicca:** ☐ Dry eye syndrome ☐ Primary Sjogren's ☐ Secondary Sjogren's Condition ☐ GVHD ☐ Post-LASIK ☐ Other	**Neurotrophic keratopathy:** ☐ Acoustic Neuroma ☐ HSV ☐ HZV ☐ Other **Exposure:** ☐ Anatomic ☐ Paralytic Etiology	☐ Keratoconus ☐ Pellucid ☐ Terrien's ☐ Post-LASIK ☐ Corneal scars ☐ Post- PK ☐ Post- RK ☐ Salzmann's ☐ Other

Check all that apply:

Indications		Prev. Medical Interventions	Prev. Surgical Interventions
☐ Poor best corrected vision ☐ Foreign body sensation ☐ Eye pain ☐ Photophobia ☐ GP contact lens intolerance ☐ GP contact lens fit failure ☐ Progressive corneal neovascularization ☐ Lagophthalmos	☐ PED ☐ active ☐ history of ☐ Superficial punctuate keratitis ☐ Filamentary keratitis ☐ Poor blink ☐ Anesthetic cornea ☐ Corneal scarring ☐ Trichiasis ☐ Other	☐ Topical lubricants ☐ Restasis ☐ Topical steroids ☐ Serum tears ☐ Oral antibiotics ☐ Lid hygiene ☐ Soft contact lenses ☐ GP contact lenses ☐ Other	☐ PK: ◯ OD ◯ OS ☐ Punctal occlusion ☐ Tarsorrhaphy ☐ Amniotic membrane ☐ Gold weights ☐ Other

Comments:

Important Considerations:

1. Dependent on medical equipment, O_2 or personal assistant?: ☐ No ☐ Yes Describe:
2. Case worker of any kind involved with patient? ☐ No ☐ Yes Name/phone:
3. Mobility issues? ☐ No ☐ Yes Describe:
4. Patient is: ☐ hospital inpatient ☐ in a nursing home ☐ in a residential facility Describe:

Please fax with your recent clinical office notes and insurance information to PROSE clinic at 713-798-8769.