THE CORNEA AND LASER EYE INSTITUTE, P.A.

The CLEI PROSE Clinic

HERSH VISION GROUP

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PROSE TREATMENT REFERRAL FORM

Please fax with your last clinical note and comments to 201-692-9646 ATTN: CLEI PROSE Clinic.
Questions can be directed to the CLEI PROSE Patient Coordinator at 201-692-9434.

Patient:_____
Last Name **First Name** **MI** **DOB** **Phone (best contact)**

Address:_____
Street **City** **State** **Zip** **Country**

Referring Physician: _____

Referred for PROSE: ☐ OD ☐ OS ☐ OU

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

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

Ocular Surface Disease			Irregular Astigmatism/ Ectasia
Stem Cell Deficiencies: ☐ Chemical Burn ☐ Stevens Johnson syndrome/ TENS ***Symblepharon with 3mm of limbus***: OD ☐Y ☐ N OS ☐Y ☐ N ☐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. Med. Interventions	Prev. Surg. 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 ☐ Punctual occlusion ☐ Tarsorrhaphy ☐ Amniotic membrane ☐ Gold weights ☐Other_____ _____ _____