Johns Hopkins Wilmer Eye Institute at Bethesda

PROSE Treatment Referral Form

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

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

Insurance:_____

Emergency Contact:_____

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 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. Med. Interventions	Prev. Surg. Interventions
❒ Poor best corrected vision ❒ Foreign body sensation ❒ Eye pain ❒ Photophobia ❒ GP contact lens intolerence ❒ 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:_____

Please fax recent supported clinical notes and insurance information to 240-482-1105, Attn: Anisa Gire, OD. Email: agire1@jhmi.edu,
PROSE Coordinator: Kathy Kahn,* kabramo2@jhmi.edu, *240-482-1100, ext 232