



Extend the Power of Your Practice

Specialized treatment for Cataract, Glaucoma, Retina, Oculoplastic, Cornea, Refractive, Pediatric and Neuro-Ophthalmology Patients

485 Route 1 South, Bldg. A
Iselin, NJ 08830
732.750.0400
732.602.0749 fax

218 Route 17 North
Rochelle Park, NJ 07662
201.368.2444
201.368.0254 fax

2200 Route 10 West, Ste. 102
Parsippany, NJ 07054
973.538.7400
973.538.3007 fax

100 Morris Avenue
Springfield, NJ 07081
973.376.5676
973.376.8176 fax

Patient Information:

Name: _____
Home Phone: _____
Work Phone: _____
Home Address: _____
Insurance: _____

Today's Date

_____/_____/_____

Referred By:

Office Phone:

Office Fax:

Address:

BCVA: OD 20/ _____ OS 20/ _____

Refraction: OD _____ OS _____

IOP: OD _____ OS _____ Applanation NCT

Time: _____

Consultation and Related Testing:

- Cataract
- Glaucoma
- Retina
- Oculoplastic
- Cornea
- Refractive
- Pediatric
- Neuro-Ophthalmology
- Other _____

Testing Only: VF HRT Photo's Pachymetry Other _____

Pertinent Exam Results and Specific Requests:

Appointment:

- Patient scheduled on _____ / _____ / _____
- Please contact patient to schedule appointment

A copy of all test results and a report will be sent to the referring doctor.
Please ask all patients to bring their current medications (ocular and systemic) with them to OMNI.