

HOW TO RETURN THIS FORM

Complete this form and return it through your own secure channel: secure fax, EHR secure messaging, or direct secure email. Call the practice for the current secure fax number or secure-messaging address.

Please do not send patient information through the Noh Eyes website. The site does not collect or receive patient data.

REFERRING PROVIDER

PROVIDER NAME

PRACTICE

PHONE

SECURE FAX / SECURE MESSAGING ADDRESS

NPI (OPTIONAL)

BEST WAY TO SEND THE REPORT BACK

PATIENT

PATIENT NAME

DATE OF BIRTH

PATIENT PHONE

INSURANCE (IF KNOWN)

REASON FOR REFERRAL

- ☐ Refractory meibomian gland dysfunction (MGD)
- ☐ Post-surgical dry eye (LASIK / cataract)
- ☐ Contact lens dropout from ocular surface disease

- ☐ Demodex / chronic blepharitis
- ☐ Failed artificial tears or prescription drops
- ☐ Other (describe below)

CLINICAL NOTES / CURRENT TREATMENT

SIGNATURE

REFERRING PROVIDER SIGNATURE

DATE

We co-manage. Noh Eyes treats the ocular-surface case and returns your patient to your care; the relationship with your patient is not disrupted.

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noheyes.com