



2401 Gillham Road, Kansas City, MO 64108; (816) 234-3000

FAX COVER SHEET

Number of Pages (including cover sheet): 2

Today's Date: January 8, 2015

TO (name and title): _____

Business/Institution/Department: _____

Address: _____

Phone Number: _____

Fax Number: _____

FROM (name and title): Children's Mercy Hospital and Clinics _____

Business/Institution/Department: Contact Center- Scheduling

Address: 2401 Gillham Rd, Kansas City, MO 64108

Phone Number: 816-234-3700

Fax Number: 816-855-1776

COMMENTS:

In order to better assist with scheduling the requested Ophthalmology appointment, please complete the attached worksheet. Please fax your referral with the completed worksheet.

Thank you.

Children's Mercy Contact Center

PROVIDERS: This clinical information is being sent to you for follow-up after the patient visited Children's Mercy because:

- You are listed as the Primary Care Provider with the insurance company for this patient, and/or
- The parent/legal guardian has indicated you are the patient's Primary Care Provider, and/or
- The parent/legal guardian has indicated they will be contacting you to schedule a new patient appointment, and/or
- You are listed as the referring provider in our system.

Fax Transmission Errors: If you have received this fax in error, please immediately return the faxed materials including the cover sheet to the Privacy Officer's fax at (816) 701-4027. To assist us in preventing future errors, please indicate on the returned fax why you are not the correct recipient, for example: not your patient, provider not at this location, etc. Once returned, please shred the original fax.

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For referrals to Ophthalmology Clinic please include the following:

- New Patient Appointment Fax Form
- Reason for visit form below

Fax Number: 816-855-1776

Ophthalmology New Patient Reason For Visit	Check
Adult Patient – Strabismus Only	
Amblyopia /lazy eye	
Anisocoria (unequal pupil size)	
Any referral from outside OD	
Blinking/squinting	
Blocked tear duct	
Chromosome disorder (i.e. Goldenhar)	
Contact Lens (new or interested in contact lens)	
Convergence insufficiency	
Diabetic	
Diplopia - double vision	
Down's Syndrome, routine	
Esotropia/Exotropia (eyes turning in or out)	
Family history of medical disorder without symptoms: Disorder: _____	
Family history of medical disorder with symptoms: Disorder: _____	
Former ROP (over one year old)	
Headaches	
Hemangioma	
History of prematurity	
Itchy/watery/red eyes	
Juvenile rheumatoid arthritis	
Neurofibromatosis	
Nystagmus - rapid eye movement (involuntary)	
Ptosis - lid droops	
Routine eye exam/failed vision screen	
Sickle cell	
Squinting/blurry vision	
Stye/chalazion	
Strabismus	
Strabismus surgery evaluation	
Uveitis	

Patient Name: _____

Date of Birth: ____ / ____ / ____

Vision Insurance Carrier: _____

Medical Insurance Carrier: _____

Ophthalmology Urgent	Check
Absent red reflex	
Cataracts	
Corneal abrasion	
ED follow-up calls	
Glaucoma	
Hyphema (blood in eye)	
Papilledema	
Pinkeye	
Retinoblastoma	
Trauma to eye	
White reflex/Leukocoria	

Comments/Additional Information:

***Important Note:**

Children's Mercy Ophthalmology clinic is not In-network with March Vision Insurance for **routine vision exams**.
 "(The vision provider for Healthcare USA and Missouri Care insurance plans)"