



Specialty Eyecare Centre

www.specialtyeyecarecentre.com

Howard S. Barnebey, M.D.

Silvia S. McKeivitt, M.D.

Mary S. Miller, O.D.

REQUEST FOR CONSULTATION

Please fax this consultation report to 425-453-6646

Date _____

Patient's Name _____

DOB _____

Phone _____

Reason for referral _____

Pertinent ocular history _____

Specific questions, impressions , etc.

Referring Doctor _____

Phone _____

Fax _____

_____ patient will call
to schedule

_____ please call patient
to schedule

_____ Eastside Office: 1920 116th Ave NE Bellevue WA 98034

_____ Seattle Office: 901 Boren Ave, Ste. 1030 Seattle WA 98104

To schedule your appointment, please call: 425-454-3937