



SPECIALTY
EYECARE
CENTRE

The accent is on care

Request for Consultation

Howard S. Barnebey, MD
Ernesto Golez III, MD

Date: _____

Referring physician: _____

Patient name: _____

Phone number: _____

DOB: _____

Notes:

Phone number: _____

Primary insurance: _____

Identification #: _____

Secondary insurance: _____

Identification #: _____

Reason for referral:

- 365.11/H40.11X0 POAG, stage unspec.; unspec. eye
- 365.01/H40.019 Open-angle, low risk; unspec. eye
- 365.12, 365.70/H40.1290 LTG stage unspec.; unspec. eye
- 365.04/H40.059 Ocular hypertension; unspec. eye
- 366.16/H25.10 Cataract, age-related; unspec. eye
- Other: _____



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