MILWAUKEE EYE CARE
EST. 1933

OCULOPLASTICS CONSULTATION FORM

ATTN: SURGERY SCHEDULING

414.977.3375
414.272.3932

○ *Michael Murphy, M.D.*

○ BROOKFIELD	○ FRANKLIN	○ EAST SIDE	○ BAYSIDE
17280 W North Ave Suite 100 Brookfield, WI 53045	7095 S Ballpark Dr Suite 210 Franklin, WI 53132	1684 N Prospect Ave Milwaukee, WI 53202	8909 N Port Washington Rd Suite 102 Bayside, WI 53217

Referral Information

Consulting Doctor: _____ **Phone:** _____

Patient Name: _____ DOB: _____

Patient Phone: _____

Diagnosis: _____ Eye(s): _____

Last Date of Service: _____

Services Needed

○ Upper Eyelid Blepharoplasty – functional	○ Upper Eyelid Blepharoplasty - cosmetic	○ Lower Eyelid Blepharoplasty	○ Ptosis	○ Ectropion/Entropion
○ Eyelid Lesion	○ Trichiasis	○ Tearing/Lacrimal Disorders	○ Botox	○ Other

BCVA: OD 20/_____ OS 20/_____

Comments:

_____

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Milwaukee Eye Care requests that you include a copy of your last visit note with this consultation form. Our staff will call this patient at the phone number(s) listed above to schedule an evaluation.