



Phuong Nguyen, O.D. & Kerry T. Holt, O.D.

Amy Wittmann, O.D.

4775 Loma del Sur El Paso, TX 79934

Ph: (915) 821-6800 Fax: (915) 822-8282

Email: eyelandep@gmail.com

Referral Request form – Medical Services

Patient Name: _____ DOB: _____

Address: _____ Phone#: _____

Insurance: _____ Policy ID: _____

The above mentioned patient has presented the following condition(s);

- H40.013; Open angle with borderline findings, low risk, bilateral
- H35.3131; Nonexudative age-related macular degeneration, bilateral, early dry stage
- H40.053; Ocular hypertension, bilateral

Requesting referral for additional testing due to medical findings that require further treatment. Below is a list of procedures that will need to be performed.

- 92133-Glaucoma OCT
- 92134- AMD/HTN OCT
- 92083 Visual Fields
- 0509T ERG
- 95930 VEP
- 92014 Comprehensive Exam
- 92285 External (Stereo) Photos
- 92250 Fundus Photos
- 92225 Extended Ophthalmoscopy
- 92020 GONIOSCOPY
- 92283 Color Vision Exam