



BLAKE V FAUSETT, MD, PHD
ALLISON WARD, PA-C
Oculofacial Plastic & Reconstructive
Surgery, Cosmetic & Laser Surgery
Phone: 541-434-0922

CONSULT REQUEST FORM

Fax: 541-434-4369

Functional Concerns

- ☐ Dermatochalasis
- ☐ Eyelid Ptosis
- ☐ Brow Ptosis
- ☐ Ectropion
- ☐ Entropion
- ☐ Thyroid Eye Disease
- ☐ Skin lesion
- ☐ Tearing
- ☐ Trichiasis
- ☐ Other: _____

Cosmetic Concerns

- ☐ Puffy Lower Lids / Bags under eyes
- ☐ Sagging Facial Skin / Jowls
- ☐ Sagging Neck / Fullness under chin
- ☐ Wrinkles
- ☐ Scar
- ☐ Other: _____

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Address: _____

Referring Doctor: _____

Phone Number: _____

Primary Care Physician: _____

Primary Insurance: _____

Secondary Insurance: _____

ID #: _____

ID #: _____

Group #: _____

Group #: _____

Checklist: Please FAX these items together to our office prior to appointment:

- ☐ CHART NOTES/ DEMOGRAPHICS
- ☐ COPY OF MEDICARE CARDS
- ☐ OTHER INSURANCE CARDS
- ☐ VISUAL FIELDS
- ☐ OTHER TESTS

Time frame for evaluation:

- ☐ Next available.
- ☐ Within _____ days.
- ☐ Urgent: Please call 541-434-0922 if the consultation should occur within the next 72 hours.