



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.