Arizona OCULOPLASTIC SPECIALISTS

Ali Ghafouri, MD, FACS
*Ophthalmic Plastic and Reconstructive Surgery*
*Facial Cosmetic Surgery*

# Referral for Oculoplastic Consultation

Patient Name _____ Date _____

Patient Phone _____

Referring Physician _____

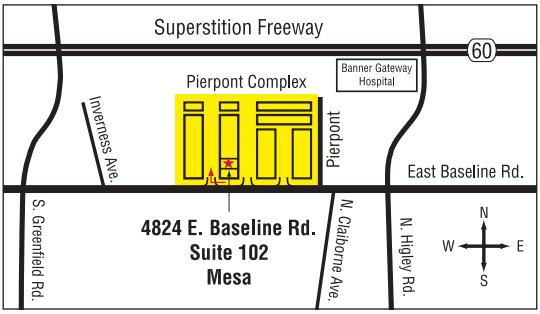
## Referred for

- ☐ Dermatochalasis/Ptosis
- ☐ Ectropion
- ☐ Entropion
- ☐ Eyelid/Face Lesions
- ☐ Conjuctival Lesion
- ☐ Pterygium
- ☐ Chalazion
- ☐ Lacrimal/tearing
- ☐ Thyroid Eye Disease
- ☐ Trauma
- ☐ Blepharospasm
- ☐ Cellulitis
- ☐ Cosmetic Consult
- ☐ Botox
- ☐ Dermal Filler
- ☐ Other: _____

Comments: _____

## Appointment Arrangements

- ☐ Appointment was made for the patient:
  - Date _____
  - Time _____
- ☐ Patient will call Dr. Ghafouri's office to schedule an appointment at **480-905-1010**
- ☐ Please have Dr. Ghafouri's office call the patient to schedule an appointment
- ☐ Referral form faxed to 480-905-6988




For directions to our office please visit our website www.eyelidsurgeries.com

**Patient will return to referring doctor for continuing care.**

**Please bring this form with you to your appointment.**