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 | ☐ Chalazion | ☐ Cellulitis |
| ☐ Ectropion | ☐ Lacrimal/tearing | ☐ Cosmetic Consult |
| ☐ Entropion | ☐ Thyroid Eye Disease | □ Botox |
| ☐ Eyelid/Face Lesions | ☐ Trauma | ☐ Dermal Filler |
| ☐ Conjuctival Lesion | □ Blepharospasm | □ Other: |
| ☐ Pterygium | | |
| | | |
| Comments: | | |

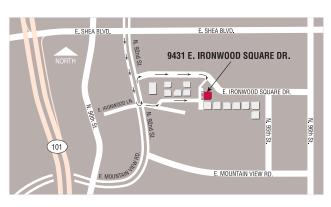
Appointment Arrangements

| 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.