

Contact Lens Patient Referrals

Cedric Passmore*
Brian Garnett**

You require contact lens information immediately concerning a patient who has come into your office from another city. A simple phone call to the original fitter's office should suffice. That is assuming however, that his receptionist doesn't put you on hold for 10 minutes, and can find the file, or if, when you call, the practitioner is not on holidays, taking a course, out to lunch, or too busy to come to the phone.

Once you reach him, confusion abounds and you hear frantic rustling of papers. You start to wonder just how accurate the information is you are receiving, because you remember being on the other end of these calls yourself. You remember either having given outdated specifications, or having found that more useful information could have been provided had you taken the time to study the record more thoroughly.

Problems with transfer patients are going to occur no matter how well-organized we are, but they can be reduced by the more frequent use of referral letters.

It would be useful if any patients that are known to be moving were given the names of optometrists whom they should consult, and a copy of a referral letter given either to the patient or to the optometric colleague. This relieves the patient of the worry of finding a competent and ethical practitioner, and ensures that at the patient's first visit, problems can be dealt with efficiently.

A sample of a form referral letter

is reproduced which is intended to minimize practitioner time, and to provide all pertinent information. This particular form is printed in duplicate so that each practitioner has a copy.

Optometrists are the most respected professional group in contact lens care. That respect can be maintained in part by the efficient referral of patients to competent colleagues for continuing care.

Cedric Passmore O.D. Brian Garnett O.D. <small>OPTOMETRISTS P.O. BOX 2753, LONDON, ONTARIO N6A 4H4</small>							
<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	Date <div style="border-bottom: 1px solid black; width: 100%;"></div>						
<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	Patient <div style="border-bottom: 1px solid black; width: 100%;"></div>						
<input type="checkbox"/> This contact lens patient is being referred to you for continuing care.	I hereby grant permission for the above practitioners to exchange information from my case records.						
<input type="checkbox"/> This contact lens patient has come to our office. Please supply necessary information for our records.	Signed <div style="border-bottom: 1px solid black; width: 100%;"></div>						
ORIGINAL FITTING DATA:							
Date of initial contact lens fitting _____							
K readings O.D.	O.S.						
Refraction O.D.	O.S.						
Best corrected V.A. with spectacles O.D.	O.S.						
Best V.A. recorded with contacts O.D.	O.S.						
CURRENT CONTACT LENS SPECIFICATIONS:							
Base	Sec.	P.C.	Power	Diam.	O.Z.	C.T.	Lot No.
O.D.							
O.S.							
Laboratory							
Lens material					Tint		
MOST RECENT EXAMINATION:		Date _____					
Purpose							
Spherical over-refraction O.D.		V.A.		O.S.		V.A.	
K readings O.D.				O.S.			
Spectacle refraction O.D.				O.S.			
Lens fit							
Comments (special duplicating instructions, previous contact lens problems, other oculo-visual problems)							

* O.D.
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