



## REFERRAL FORM

# NORTHWEST EYE CARE PROFESSIONALS

FAX TO: (503) 776-7754

PATIENT NAME:

TODAY'S DATE:

DATE OF BIRTH:

DATE OF LAST SERVICE:

### PATIENT CONTACT INFO

PREFERRED PHONE:

H ● C ●

ADDRESS:

MEDICAL INSURANCE CARRIER:

### REFERRING PROVIDER INFO

PROVIDER/SPECIALTY:

CLINIC NAME:

PHONE:

FAX:

EMAIL:

REASON FOR REFERRAL (E.G. REHAB/TBI, DEVELOPMENTAL, DIABETIC, ETC.):

ADDITIONAL INFO/REQUESTS (ATTACH RECORDS IF POSSIBLE):

### PREFERRED CLINIC?

● **CLACKAMAS**

15259 SE 82nd Dr, #101  
(near Clackamas Town Center)  
P: (503) 657-0321

● **VANCOUVER**

1401 SE 164th Ave, #100  
(east Vancouver)  
P: (360) 546-2046

● **BEAVERTON**

10970 SW Barnes Rd  
(near Cedar Hills)  
P: (503) 214-1396

● **HILLSBORO**

5880 NE Cornell Rd, Ste. B  
(Orenco Station)  
P: (503) 905-2828

### NWECF IS...

Bruce Wojcieszowski, OD, FCOVD  
John Reski, OD, FCOVD  
Macson Lee, OD, FCOVD  
Rachel Jorgensen, OD, FCOVD  
Julia Sirianni, OD, FCOVD  
Elizabeth Powers, OD  
Kevin Dittlinger, OD  
Daniel Sims, ND, PT

● DEMOGRAPHICS ATTACHED (REQUIRED FOR SCHEDULING)

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