

GAHANNA OFFICE:
Main Location
Phone: 614-434-8445
Fax: 614-368-7393



BELLEFONTAINE OFFICE
Terebuh Legacy Eye Center
Phone: 937-593-3881
Fax: 937-593-2430

REFERRAL TO COURTNEY KAUH, MD

Patient Name: _____ Date of Birth: _____

Telephone: _____ Email: _____

For The Evaluation Of:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Blepharospasm | <input type="checkbox"/> Blind, painful eye | <input type="checkbox"/> Chalazion | <input type="checkbox"/> Dermatochalasis |
| <input type="checkbox"/> Ectropion | <input type="checkbox"/> Entropion | <input type="checkbox"/> Eyelid lesion | <input type="checkbox"/> Eyelid trauma |
| <input type="checkbox"/> Ptosis | <input type="checkbox"/> Skin Cancer | <input type="checkbox"/> Tearing/Epiphora | <input type="checkbox"/> Thyroid Eye Disease |
| <input type="checkbox"/> Trichiasis | Reconstruction | | |
| <input type="checkbox"/> Cosmetic Consult*** | <input type="checkbox"/> Other _____ | | |

***\$100 consultation fee (Cosmetics NOT covered by insurance)

Referring Physician: _____

Office number: _____

To schedule an appointment please fax this form along with patient demographic, insurance information and office notes to 614-368-7393. Once received we will contact the patient to schedule.

Please contact the office at 614-434-8445 for any assistance.

Gahanna Office (Main office)
725 Buckles Ct. N., Ste 110
Gahanna, OH 43230
Phone: 614-434-8445
Fax: 614-368-7393

Bellefontaine Office
1107 Rush Ave.
Bellefontaine, OH 43311
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