



MILWAUKEE
EYE CARE
EST. 1933

OCULOPLASTICS CONSULTATION FORM
ATTN: SURGERY SCHEDULING



414.977.3375

414.272.3932

○ *Michael Murphy, M.D.*

○ **BROOKFIELD**

17280 W North Ave,
Suite 100
Brookfield, WI 53045

○ **FRANKLIN**

9200 W Loomis Rd,
Suite 204
Franklin, WI 53132

○ **EAST SIDE**

1684 N Prospect Ave
Milwaukee, WI 53202

○ **BAYSIDE**

8909 N Port Washington Rd,
Suite 102
Bayside, WI 53217

Referral Information

Consulting Doctor: _____ **Phone:** _____

Patient Name: _____ **DOB:** _____

Patient Phone: _____

Diagnosis: _____ **Eye(s):** _____

Last Date of Service: _____

Services Needed

- | | | | | |
|--|--|----------------------------------|----------|-----------------------|
| ○ Upper Eyelid
Blepharoplasty
– functional | ○ Upper Eyelid
Blepharoplasty
– cosmetic | ○ Lower Eyelid
Blepharoplasty | ○ Ptosis | ○ Ectropion/Entropion |
| ○ Eyelid Lesion | ○ Trichiasis | ○ Tearing/Lacrimal
Disorders | ○ Botox | ○ Other |

BCVA: OD 20/_____ OS 20/_____

Comments:

Milwaukee Eye Care requests that you include a copy of your last visit note with this consultation form. Our staff will call this patient at the phone number(s) listed above to schedule an evaluation.