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
7095 S Ballpark Dr, Suite 210
Franklin, WI 53132

○ 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
○ Ptosis
○ Ectropion/Entropion
○ Eyelid Lesion
○ Trichiasis
○ Medical Botox
○ Tearing/Lacrimal Disorders
○ Other

BCVA: OD 20/_____ OS 20/_____

Comments:

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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.