



Fichte Endl & Elmer EYE CARE

Date \_\_\_\_\_

## CO MANAGED PATIENT .....

### Co Managed Appointment Type

- ☐ Cataract Consult  
☐ LASIK Evaluation

Appointment Info \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Appointment location

- ☐ **Amherst Office**  
2825 Niagara Falls  
Suite 130  
Amherst, NY 14228  
Phone: 800-309-2020
- ☐ **Niagara Falls Office**  
6500 Porter Road  
Suite 2020  
Niagara Falls, NY 14304  
Phone: 800-309-2020

### IMPORTANT

Please FAX this form to  
**716-564-2060**  
Attn: Call Center

Patients should bring a copy  
of this form and their  
insurance card to their  
appointment at  
Fichte, Endl & Elmer Eyecare

Co managing Dr. \_\_\_\_\_

Practice Name \_\_\_\_\_

Practice Address \_\_\_\_\_

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_

### Dry Refraction

OD \_\_\_\_\_ X \_\_\_\_\_ = 20/ \_\_\_\_\_

OS \_\_\_\_\_ X \_\_\_\_\_ = 20/ \_\_\_\_\_

### Wet Refraction

OD \_\_\_\_\_ X \_\_\_\_\_ = 20/ \_\_\_\_\_

OS \_\_\_\_\_ X \_\_\_\_\_ = 20/ \_\_\_\_\_

### Notes