



AUSTIN OCULOFACIAL PLASTICS
COSMETIC AND RECONSTRUCTIVE SURGERY

SEAN PAUL, MD

PATIENT REFERRAL FORM (Please fax)

For urgent consults please call our office directly at 512.642.5050

Referring to: Dr. Sean Paul, MD | Provider NPI: 1063733137 | Group NPI: 1871982017

Office: 512.642.5050 | Toll Free: 888.216.7649 | Fax: 512.642.8186 | Alternative Fax: 844.359.3462

Referring Provider: _____

Practice Contact #: _____ Provider NPI #: _____

LOCATION PREFERENCE (check one)

- S. AUSTIN** | Post Oak Centre | 4316 James Casey Street, Building F, Suite 201, Austin, Texas 78745
- N. AUSTIN** | Regions Bank Building | 4314 W. Braker Lane, Suite 215, Austin, Texas 78759
- LAKEWAY** | Hill Country Cosmetics | 1927 Lohmans Crossing, Suite 200, Austin, Texas 78734
- BASTROP** | Bastrop Family Eye Care | 747 Highway 71 W., Unit A-550, Bastrop, Texas 78602
- NEW BRAUNFELS** | New Braunfels Vision Center | 1439 Hanz Drive, New Braunfels, Texas 78130
- FREDERICKSBURG** | Eye Country | 1102 N. Llano Street, Fredericksburg, Texas 78624

Patient Information (Please fax clinical notes with this referral form)

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Insurance Carrier: _____ **Policy #:** _____ **Group #:** _____

Patient Phone #: _____ **D.O.B:** _____

SURGERY/MEDICAL CONDITION (CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> Blepharoplasty (upper) | <input type="checkbox"/> Dacryocystorhinostomy |
| <input type="checkbox"/> Blepharoplasty (lower) | <input type="checkbox"/> Dacryocystitis |
| <input type="checkbox"/> Browplasty | <input type="checkbox"/> Pre septal/Orbital Cellulitis |
| <input type="checkbox"/> Facial and Eyelid Cosmetic Consult | <input type="checkbox"/> Exophthalmos/Proptosis |
| <input type="checkbox"/> Dermatochalasis | <input type="checkbox"/> Orbital Fracture |
| <input type="checkbox"/> Ectropion | <input type="checkbox"/> Thyroid Eye Disease (Graves) |
| <input type="checkbox"/> Entropion | <input type="checkbox"/> Blind, painful eye |
| <input type="checkbox"/> Blepharospasm | <input type="checkbox"/> Lid retraction |
| <input type="checkbox"/> Lagophthalmos | <input type="checkbox"/> Endoscopic Brow Lift |
| <input type="checkbox"/> Blepharochalasis | <input type="checkbox"/> Face Lift |
| <input type="checkbox"/> Chalazion | <input type="checkbox"/> Dysport |
| <input type="checkbox"/> Suspicious Lid Lesion | <input type="checkbox"/> Botox |
| <input type="checkbox"/> Ptosis | <input type="checkbox"/> Restylane |
| <input type="checkbox"/> Pterygium | <input type="checkbox"/> Juvederm |
| <input type="checkbox"/> Skin Cancer | <input type="checkbox"/> Kybella |
| <input type="checkbox"/> Eyelid Trauma | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tear Duct Evaluation | |