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93 Eastgate Dr Washington IL 61571

2709 Broadway, Pekin IL 61554

REFERRING ORDER FOR TESTING ONLY

Fax completed forms to Illinois Eye Center (309)243-7936.	Testing Order:
Representatives may be reached via phone at (309)243-2400.	☐ Visual Field Goldmann Perimetry 92082
If available to your office, please direct email the patient's CCD to Direct@illinoisEyeCenterPeorialL.CompulinkDirect.com.	☐ Visual Field Automated Perimetry 92083
	☐ Image Scan, NFL (OCT) 92133
PATIENT INFORMATION	☐ Image Scan, Macula (OCT) 92134
Last	☐ Ultrasound ASCAN 76519
First MI	☐ Ultrasound BSCAN 76512
Address	☐ Biometry 92136
	☐ Corneal Topography 92025
City/St/Zip	Eye:
Phone (home)	☐ Right Eye ☐ Left Eye ☐ Right and Left Eyes
Phone (cell)	Interpretation:
Date of Birth///	☐ with interpretation
Account Responsible	☐ without interpretation
Primary Insurance	Diagnosis (ICD10 codes):
ID Group	12
(attach front and back copy of all insurance cards)	3 4
ODDEDING DROVIDED INFORMATION	Ordering Provider Signature and Date:
ORDERING PROVIDER INFORMATION	SIGNATURE DATE
Physician Name	SIGNATURE DATE
NPI	THIS BOX TO BE COMPLETED BY ILLINOIS EYE CENTER
Practice Name	
Address	Appointment Date:/
City/St/Zip	Appointment Time:
Phone	Doctor:
Fax	
	Location: Peoria Washington
	IEC Account :

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