



EYE DOCTORS OF ARIZONA



602-654-2023



602-654-2033



www.eyedraz.com

Patient Name: _____ DOB: _____

Patient Email: _____ Phone: _____

Referring Optometrist Information:

Please circle: English/Spanish

Doctor: _____

Location: _____

Phone: _____

Fax: _____

Please include a copy
of the patient's current
medical insurance
card

Surgical:

- Cataract
- YAG
- Interventional Glaucoma
- Refractive
- Pterygium
- Chalazion
- Blepharoplasty/Eyelid
- Research
- Other:

Medical:

- Glaucoma Management
- Diabetic Eye Evaluation
- Hypertension
- Dry Eye Evaluation
- Research
- Other:

Preferred Provider:

- Dr. Matthew Heller, DO
- Dr. Benjamin Heller, DO
- Dr. Laura Grant, MD
- Dr. Shivi Agrawal, MD
- Dr. Niraj Patel, MD
- Non Surgical Provider
- Soonest Available

Preferred Location: (Please Circle)

Co-Management of Surgery:

Yes, I will provide post-op care at my office
and report back to Eye Doctors of Arizona

If Yes, Please Check One:

I have a CoFi Account I need a CoFi Account

No, I will not be providing post-op care and want
the patient to return after their global period

Patient Request At My Request

Medical Insurance Conflict

Shea Park:
32nd St & Shea
Surgical Evaluations

Chandler:
Elliot & 101
Surgical Evaluations

North Phoenix:
32nd St & Bell
Medical Evaluations

Downtown Phoenix:
7th Ave & Buckeye
Medical Evaluations

Cave Creek:
Cave Creek & 101
Medical Evaluations