Patient Name ___________________________ Phone _______________________

Referring Physician _______________________ Today’s Date _________________

Reason for Consultation ________________________________

Your appointment has been scheduled with the following physician:

Cataract
☐ Hossein Asghari, M.D.
☐ Judith Mohay, M.D.
☐ Joern B. Soltau, M.D.

Cornea-External Disease
☐ Hossein Asghari, M.D.

Glaucoma
☐ Judith Mohay, M.D.
☐ Joern B. Soltau, M.D.

Neuro-Ophthalmology
☐ Karl Golnik, M.D.

Oculofacial Plastic and Orbital Surgery
☐ Jeremy Clark, M.D.
☐ Chris Compton, M.D.

Pediatric Ophthalmology
☐ Rachel Cooley, M.D.
☐ Nick Silvestros, O.D.

Retina and Uveitis
☐ Charles C. Barr, M.D.
☐ Harpal Sandhu, M.D.
☐ Douglas Sigford, M.D.
☐ Wei Wang, M.D., Ph.D.

Well Eye Care & Contacts
☐ Patrick Scott, O.D.

On: ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ Date: _______________ Time: ___________ ☐ AM ☐ PM

If unable to keep appointment, please give 24 hours notice.

Office Location:

☐ Downtown Office – Kentucky Lions Eye Center
301 E. Muhammad Ali Blvd.
Louisville, KY 40202
502-588-0588

☐ Springs Medical Center 2
6420 Dutchmans Parkway, Suite 175
Louisville, KY 40205
502-588-0955

☐ Springs Medical Center 1
6400 Dutchmans Parkway, Suite 310
Louisville, KY 40205
502-742-2848

☐ Elizabethtown Health Center
1239 Woodland Drive, Suite 114
Elizabethtown, KY 42701
270-506-4087

☐ Owensboro - The Springs Health Centre (pediatrics only)
2200 E. Parrish Ave., Building B, Suite 101
Owensboro, KY 42303
270-663-1077

☐ Madison, Indiana (Associated with the Eye Care Group)
2580 Michigan Road, Suite 2
Madison, IN 47250
502-588-0550

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