Eye Specialists

Patient Name ____________________________ Phone ______________________

Referring Physician ____________________ Today’s Date __________________

Reason for Consultation _____________________________

Your appointment has been scheduled with the following physician:

Cataract
☑ Judith Mohay, M.D.
☑ Joern B. Soltau, M.D.
☑ Edward T. Washington, M.D.

Cornea & Refractive Surgery
☑ Richard A. Eiferman, M.D.

Glaucoma
☑ Judith Mohay, M.D.
☑ Joern B. Soltau, M.D.
☑ Edward T. Washington, 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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