



WINK  
OPTICAL AND EYE CARE

DIRECT REFERRAL

CO-MANAGEMENT

Patient Name:

Patient Phone:

Patient DOB:

Patient Address:

Referring Doctor:

Email:

Fax:

Phone:

CO-MANAGEMENT

ONH OCT Testing Only

Macular OCT Testing Only

Comprehensive Exam

Dry Eye Consultation

Specialty Lens Fitting  
(Scleral, RGP, Custom Soft, Prosthetic)

Topography Only

Visual Field Testing

Myopia Management

MD / OD DIRECT REFERRAL

Pertinent Medical History:

*Please send all records/images/testing directly to us via fax or email at the time of your referral.*

**Thank You For Choosing Us!**

**Dr. Riddhi Gohel**  
Therapeutic Optometrist  
Glaucoma Specialist