Glaucoma - Cataract Consultants, Inc.

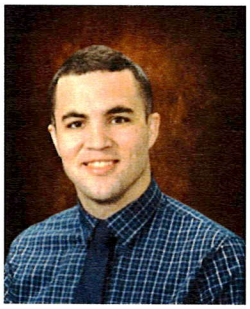
https://www.2020pittsburgh.com

Aaron Wang, MD, PhD
Cornea Subspecialist
Cataract Surgery / MIGS
Premium IOL's
Cornea Transplants

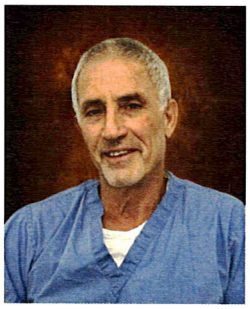
Julia Polat, MD
Glaucoma Subspecialist
Cataract Surgery / MIGS

Nisha Gosai, MD, MPH
Cornea Subspecialist
Cataract & Refractive Surgery
Cornea Transplants

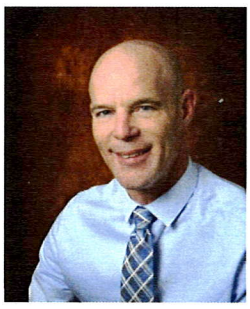
Angela Gauthier, MD
Cornea Subspecialist
Cataract & Refractive Surgery
Cornea Transplants



Tyler Berger, MD
Glaucoma Subspecialist
Cataract Surgery / MIGS
Complex IOL cases



Robert Lewen, MD
Retina Subspecialist



Bradley Unruh, OD
Optometrist

Michael Mendicino, OD
Optometrist

Roxanne Guerndt, OD
Optometrist

GCC Office Locations

1000 Bower Hill Road
Suite 7200
Pittsburgh, PA 15243
(412) 572-6121

Executive Office Building
220 Bessemer Road
Suite 101
Mt. Pleasant, PA 15666
(724) 547-5733

Vista One
17 Arentzen Blvd.
Suite 201
Charleroi, PA 15022
(724) 483-3688

82 Huff Ave.
Suite C
S. Greensburg, PA 15601
(724) 547-5733

Referring Doctor_____ Phone_____ Fax_____

Patient Referral Information

Patient Appointment:

An appointment for _____ has been made for _____ at _____.
(Date) (Time)

With:

- ☐ Aaron Wang, MD, PhD
- ☐ Julia Polat, MD
- ☐ Nisha Gosai, MD, MPH
- ☐ Angela Gauthier, MD
- ☐ Tyler Berger, MD
- ☐ Robert Lewen, MD
- ☐ Bradley Unruh, OD
- ☐ Michael Mendicino, OD
- ☐ Roxanne Guerndt, OD

GCC Office:

- ☐ Mt. Lebanon
- ☐ Mt. Pleasant
- ☐ Charleroi
- ☐ Greensburg

Reason For Referral:

Cataract Evaluation OD OS OU

- ☐ Hx Refractive Sx (RK, PRK, LASIK) Original Preop RX: OD_____ OS_____
- ☐ Hx CL wear (SCL, RGP, MONOVISION)
- ☐ PCIOL Options Discussed (Standard, Toric, Multi Focal, Monovision)
- ☐ MIGS Candidate
- ☐ Recent VF provided
- ☐ Other _____

Glaucoma Evaluation OD OS OU

- ☐ OHTN
- ☐ POAG
- ☐ Narrow Angle / PI
- ☐ SLT
- ☐ Trab / Tube
- ☐ Recent VF Provided
- ☐ CACG
- ☐ NVG
- ☐ MIGS
- ☐ Present Glaucoma Meds _____
- ☐ Other _____

Cornea Evaluation OD OS OU

- ☐ Foreign Body
- ☐ Ulcer
- ☐ Abrasion
- ☐ LASIK / PRK
- ☐ FUCHS
- ☐ Super K
- ☐ Corneal Transplant
- ☐ Other _____

Retina Evaluation OD OS OU

- ☐ Hole, Tear, Detachment
- ☐ Macular Hole
- ☐ Macular Edema
- ☐ ERM
- ☐ ARMD
- ☐ Diabetic Retinopathy
- ☐ Vascular Occlusion
- ☐ Vitreous Heme
- ☐ Other_____