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**ORDERING FORM**

**Name:** \_\_\_\_\_

**Practice Location:** \_\_\_\_\_  
\_\_\_\_\_

**BROCHURES**

- | <b>Quantity</b> | <b>Item</b>                                     |
|-----------------|---|
| _____           | Eye Surgeons of Indiana Patient Brochures       |
| _____           | Eye Surgeons of Indiana LASIK Patient Brochures |
| _____           | Refractive Lens Exchange Brochure               |
| _____           | Light Adjustable Lens Brochures                 |
| _____           | Corneal Cross-Linking Brochure                  |
| _____           | Visian ICL Brochure                             |

**REFERRAL FORMS**

- |       |   |
|-------|---|
| _____ | Patient Referral Form Pad (25 forms per pad)*               |
| _____ | Refractive Surgery Referral Form (25 forms per pad)*        |
| _____ | Corneal Cross-Linking Referral Form Pad (25 forms per pad)* |
| _____ | Same Day SLT Referral Form Pad (25 forms per pad)*          |

**APPOINTMENT CARDS**

- |       |   |
|-------|---|
| _____ | Appointment Card Pads (50 cards per pad)              |
| _____ | LASIK Center Appointment Card Pads (50 cards per pad) |

**OTHER**

- |       |                        |
|-------|------------------------|
| _____ | Co-Management Binder   |
| _____ | Quick Summary Guide    |
| _____ | Pricing Guide          |
| _____ | Cataract Options Sheet |

\*Form is available on our website at: [www.eyesurgeonsofindiana.com](http://www.eyesurgeonsofindiana.com) under Referring Physicians tab

Please fax completed Order Form to Lynn | Fax: 317-570-7433