

ELKS CHILDREN'S EYE CLINIC
LODGE REFERRAL FORM

Casey Eye Institute/ Kathleen Bartell
Oregon Health Sciences University
3375 S.W. Terwilliger Blvd.
Portland, Oregon 97239 • 503.494-2839

Please Print:

Name of Child: _____ DOB: _____
Last First Middle Initial

Name of Parent or Guardian: _____

Address: _____
Street or Box Number City Zip Code County

Phone Number: _____ Alternate Phone Number: _____

Has this child ever been a patient in any clinic or hospital as Oregon Health Sciences University? _____

Name(s) of previous eye doctor(s): _____

I wish to refer the above-named child for examination and/or treatment to the Elks Children's Eye Clinic of Oregon Health Sciences University for the following reason(s):

Signed: _____ Date: _____
Referring member of Elks Lodge

Lodge name, number and address: _____

Lodge phone number: _____

INSTRUCTIONS TO ELKS LODGES: Please send this entire form to the address above. A copy will be returned to you when your appointment is scheduled. Patients, newborns through age 19, are accepted in the Elks Children's Eye Clinic.

Most adult patients are seen by the Casey Ophthalmic Associates – call 503.494.7672 to make an appointment. If an adult is being referred for evaluation of double vision or misalignment of the eyes, please contact our Northwest Center for Eye Alignment (also as the Casey Eye Institute) at 503.494.1952

After the Lodge Referral Form is received, the appropriate clinic contacts the patient to schedule an appointment, and to arrange registration and financial screening. Patients are charged fees for all services according to a financial classification determined by interview prior to clinic appointment. To keep the clinic solvent, we make every effort to help referred patients find a source for payment, such as laser refractive surgery are provided only to paying patients.

No B.P.O.E. financial assistance program exists for patients and there is no general financial assistance for clinic visits. Some funding MAY be available with hospitalization. Occasionally an individual Elk lodge will support a patient financially, but such arrangements should be discussed in advance with Kathleen Bartell, Clinic Office Manager, so that the extent and limits of such support are mutually understood. All children who are Oregon residents will be evaluated at least once when referred by and Elk lodge. More information is provided upon request.

Patient scheduled for appointment on _____ at _____ am/pm

Appointment slip mailed on _____

Signed _____ Date: _____
Clinic Liaison