



Rebecca S. Erickson BCO, BADO  
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## OCULAR PROSTHETIC **REFERRAL FORM**

### PATIENT INFORMATION

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

Legal Guardian (if any): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth:     /     /

### REFERRING PROVIDER

Physician Name: \_\_\_\_\_

Office Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Send referral to:**  
**Email [EricksonLab@elseattle.com](mailto:EricksonLab@elseattle.com)**  
**Fax 206-622-9378**

**OR**

**Submit electronically using QR code:**



#### **Seattle**

Medical & Dental Building  
509 Olive Way, Suite 1421  
Seattle, WA 98101

206-622-9175  
[ericksonlab@elseattle.com](mailto:ericksonlab@elseattle.com)  
[www.ericksonlaboratories.com](http://www.ericksonlaboratories.com)

#### **Tacoma**

6240 Tacoma Mall Blvd.  
Suite 105  
Tacoma, WA 98409



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## OCULAR PROSTHETIC REFERRAL

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Affected Side:  OS (left)  OD (right)  OU (both)

The patient named above is being prescribed the following services related to the fabrication, fitting, and ongoing care of an ocular prosthesis:

Codes (as applicable):

\_\_\_ L7520 - Labor Component of Repairing Prosthetic Device

\_\_\_ V2623 - Custom Ocular Prosthesis

\_\_\_ V2624 - Orbital Evaluation and Polishing of prosthesis

\_\_\_ V2625 - Enlargement of Ocular Prosthesis

\_\_\_ V2626 - Reduction of Ocular Prosthesis

\_\_\_ V2627 - Custom Scleral Shell

\_\_\_ V2628 - Fitting and Fabrication of Custom Conformer and Prosthesis

All the above services are prescribed as medically necessary for lifetime ocular prosthetic care.

### MEDICAL NECESSITY STATEMENT

I certify that the above services are medically necessary and are essential to the long-term health and function of the patient's anophthalmic or microphthalmic socket. This document and any associated statements have been completed and/or reviewed by me.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please include notes and any supporting medical documentation that will assist in the evaluation and fabrication of the patient's ocular prosthesis.

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