



MILLS
EYE +
FACIAL SURGERY

David M. Mills MD, FACS
Ophthalmologist +
Facial Plastic Surgeon

+ **Crestview**
182 E. Redstone Ave.
Ste. A
Crestview, FL 32539

+ **Gulf Breeze**
1300 Shoreline Dr.
Ste. 104
Gulf Breeze, FL 32561

+ **Pensacola**
9050 University Pkwy
Pensacola, FL 32514

Referral Form to Mills Eye + Facial Surgery

Appointment Requested with:

David M. Mills, MD, FACS
Comprehensive Ophthalmologist
Oculo-Facial Plastic, Reconstructive, and Cosmetic Surgeon

Office Location Requested:

- ☐ Crestview
☐ Gulf Breeze
☐ Pensacola

Date of Request: _____

Patient's Demographics:

Name: _____
DOB: _____
Phone: _____
E-Mail: _____

Primary Insurance: _____
Policy #: _____
Secondary Insurance: _____
Policy #: _____

Referring Doctor Information:

Name: _____
NPI #: _____
Office Phone: _____
Office Fax: _____

Primary Care Doctor Information:

Name: _____
NPI #: _____
Office Phone: _____
Office Fax: _____

Reason for Consultation:

- | | | |
|--|---|---|
| <input type="checkbox"/> Blind Painful Eye (for
Enucleation / Evisceration) | <input type="checkbox"/> Facial Cosmetic Surgery:
Botox, Fillers, CO2 Laser
Brow Lift
Eyelid Surgery (Bleph)
Face/Neck Lift
Liposuction/Fat Transfer | <input type="checkbox"/> Posterior Capsular
Opacification / YAG PC |
| <input type="checkbox"/> Cataract
<input type="checkbox"/> Co-Management Desired? | <input type="checkbox"/> Glaucoma / YAG PI | <input type="checkbox"/> Pterygium |
| <input type="checkbox"/> Dermatochalasis with Visual
Field Defect | <input type="checkbox"/> Orbital Disease / Graves' | <input type="checkbox"/> Ptosis with Visual Field
Defect |
| <input type="checkbox"/> Diabetic Dilated Eye Exam | <input type="checkbox"/> Pediatric Oculoplastics
(Dermoid / Orbit, Congenital
Ptosis, Tearing) | <input type="checkbox"/> Refractive Surgery Consult |
| <input type="checkbox"/> Dry Eye / LipiFlow Treatment | | <input type="checkbox"/> Tearing / Lacrimal |
| <input type="checkbox"/> Ectropion | | <input type="checkbox"/> Trauma to Eye, Lid, Orbit |
| <input type="checkbox"/> Entropion | | <input type="checkbox"/> Trichiasis |
| <input type="checkbox"/> Eyelid Lesion | | |

Your Appointment:

Date: _____

Time: _____

Location (circle):

Crestview
Gulf Breeze
Pensacola

+ Ophthalmology
+ OculoFacial
Plastic Surgery
+ Facial Cosmetic Surgery
+ Optical Boutique

Patient Instructions / Information – Please READ THIS:

1. Please bring this form with you.
2. Please bring ALL current insurance cards.
3. It is very likely that your eyes will be dilated —please Bring a Driver.
4. Please bring a current list of medications, current glasses and current contact lenses.
5. Space is limited, so please Bring ONLY 1 driver/guest and leave additional children home. Any children present must NEVER be left unattended by their legal guardian(s).
6. Please be advised that Mills Eye + Facial Surgery collects all applicable co-pays / coinsurance, deductibles, and any balance(s) due at the time of service.
7. If you need a referral/authorization from your Primary Care Physician/Insurance Company, be sure to obtain one prior to your visit.
8. Procedures are typically NOT performed at the same time as the evaluation due to insurance restrictions.
9. Some procedures require return appointments for testing to obtain preauthorization due to insurance guidelines.
10. We will NOT see minors (even with adult siblings present) without the legal guardian's written consent.

Phone [850] 266+7500
www.MillsEye.com

Fax [850] 390-4576
Search "millseye" to download the App!

send emails to: info@millseye.com

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