

Ophthalmology Consultation for Cataract Evaluation

Date: [Insert Date]

To: [Referring Physician's Name]

[Referring Physician's Address]

[City, State, Zip Code]

Dear Dr. [Referring Physician's Last Name],

I am writing to confirm the consultation for [Patient's Name], a [Patient's Age]-year-old [male/female] referred for evaluation of cataracts.

Clinical History:

- Chief Complaint: [Insert patient's chief complaint]
- Medical History: [Insert relevant medical history]
- Ocular History: [Insert relevant ocular history]
- Medications: [Insert list of medications]

Examination Findings:

- Visual Acuity: [Insert visual acuity results]
- Intraocular Pressure: [Insert IOP readings]
- Slit Lamp Examination: [Insert findings]
- Fundoscopic Examination: [Insert findings]

Assessment:

[Insert assessment relating to cataract severity and potential treatment options]

Plan:

1. [Insert recommendation for further evaluation or surgical intervention]
2. [Insert any necessary follow-up or referrals]

Please feel free to reach out if you need further information.

Sincerely,

[Your Name, MD]

[Your Title]

[Your Clinic Name]

[Your Contact Information]