



CLARITY EYECARE

COMPREHENSIVE EYE CARE
SPECIALTY CONTACT LENS
BOUTIQUE EYEWEAR
claritybaltimore.com

CONSULTATION REQUEST

REASON FOR CONSULTATION

- Specialty Contact Lens Fitting Medical Ocular Health Evaluation
 Myopia Control Other _____
-

Date _____

Patient Name _____

Patient Phone _____

Patient Email _____

Patient Insurance Information _____

Patient History _____

Clinical Findings _____

Referring Doctor _____

Office Email _____

Office Phone _____

Office Fax _____

- Please Call With Results