

Referral Form

Referral Guidelines

1. Attention **Referring Staff**: If it is applicable, please submit **Electronic** Referral or Prior Authorization (PA) at the insurance portal in addition to completing this form. Dr. Thao Tran's NPI is 1891761524.

Thao Nguyen Tran MD SC

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2. Please fax this complete form and applicable documents to 888-959-8367
3. Attention **Patients**: If your insurance plan requires referral and/or authorization prior seeing a **specialist**, please obtain such approvals before scheduling an appointment.
4. **Direction to Kenosha Office**: Travel North from Jiffy Lube at the intersection of WI Highway 50/75th St and Green Bay Rd. Take the **2nd right** from the intersection with 2 big signs: Green Bay Health Center and Dental Associates. Drive straight to the end of the driveway and use the parking lot on your right. Enter the left entrance of Green Bay Health Center and look for Dr. Tran's sign on your right.
5. **Direction to Libertyville Office**: Travel South on Milwaukee Ave/IL 21. Go pass IL 137S/Buckley Rd intersection. After 1 block, you will see Adler Drive on your right and a Dental Office at this corner. Turn off Milwaukee Ave into the driveway **AFTER** Adler Drive into Adler Park Plaza. Follow the driveway to the right of the building and look to the left for the suite number **10**.

Referring Doctor/Nurses/Clinic

Name and NPI: _____ Date and Time: _____

Address: _____ Telephone: _____

Email: _____ Fax: _____

Patient Information

Patient Name, DOB, Phone: _____

Parents' Names: _____

Patient's Insurance Plan, ID, Phone: _____

Subscriber's Name and DOB: _____

Diagnosis, Vision Acuity, Refraction: _____

Brief History and Reason for Referral: _____

Referring Doctor/Nurses/Clinic Signature and Date