

Glaucoma Suspect Referral Letter

Dear Dr. [Ophthalmologist Name],

I am referring [Patient Name], DOB: [Date of Birth], for glaucoma evaluation and management recommendations.

FINDINGS: During routine examination on [Date], I noted the following concerning features: IOP of [measurements], cup-to-disc ratio of [measurements], [additional findings such as optic nerve hemorrhages, visual field defects, pachymetry readings].

Risk factors include: [family history, age, ethnicity, myopia, etc.]. The patient is currently not on any glaucoma medications.

I would appreciate your assessment regarding the need for treatment initiation and recommendations for monitoring frequency.

Thank you for your expertise.

Best regards,

[Your Name], OD

[Practice Name]

[Contact Information]

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