

Cataract Surgery Referral Letter

Dear Dr. [Ophthalmologist Name],

I am pleased to refer [Patient Name], DOB: [Date of Birth], for cataract surgery consultation.

EXAMINATION FINDINGS: The patient is experiencing [symptoms: decreased vision, glare, difficulty with night driving]. Best corrected visual acuity is [measurements]. Slit lamp examination reveals [grade and type] cataracts in both eyes. The posterior segment appears healthy with no contraindications to surgery.

Biometry measurements: [if available]. The patient has realistic expectations and is motivated to proceed with surgical intervention.

Relevant medical history: [diabetes, medications, previous eye surgeries]. The patient is particularly interested in [premium IOL options/standard surgery].

Thank you for your surgical expertise.

Warm regards,

[Your Name], OD

[Practice Name]

[Contact Information]

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