



**Huntsville Pediatric
Ophthalmology
& Adult Strabismus**

Julie K. Calderwood, MD



**Precision
Aesthetics**
@ H P O A S

401 MERIDIAN STREET N, SUITE 300
HUNTSVILLE, AL 35801
PHONE: 256-715-3080 FAX: 256-715-4204

For All Referrals: Please fax the patient's last clinic note. Thank you!

Reason for Referral:

Thyroid Eye Disease

Please fax the most recent labs: TSH, Free T4, T3, TSI and TRA, if performed.
Please also fax any results of MRI or CT of the head and/or orbits, if performed.

Non-Surgical Blepharoplasty with AGNES RF

Non-Surgical Brow Lift with AGNES RF

Strabismus

Amblyopia

Abnormal Vision Screen

Nasolacrimal Duct Obstruction

Chalazion, Eyelid lesion, or Dermoid cyst

Other: _____

Referring Doctor: _____

Phone Number: _____ Fax Number: _____

Patient Name: _____ DOB: _____

Guarantor Name: _____ Phone Number: _____

Primary Insurance: _____ Policy Number: _____

Policy Holder Name: _____ DOB: _____

Secondary Insurance: _____ Policy Number: _____

Policy Holder Name: _____ DOB: _____