



LIFETIME
vision care

901 NW Carlon Ave, Suite 2
Bend, Oregon 97703
Phone: (541) 382-3242
Fax: (541) 317-3579

Referral Form

Patient Name: _____

Date of Birth: _____ Phone: _____

Referring Doctor: _____ Phone: _____

Referring to:

- Derri Sandberg, OD
- Brock Karben, OD
- Stephanie Rettenmeier, OD

Reason for Referral: _____

Date Examined: _____

Notes: _____

Referring Dr. Signature _____ Date: _____

Call Patient to make appointment _____ Urgent _____ Routine

Patient will call office to make appointment

Please fax this form to (541) 317-3579