E ₹ 10.3	ROUTING SLIP					
Date of Service				Doctor		
Referring Doctor				UPIN#		
DIAGNOSIS		PROCEDURE	JRE MODIFIER		QUANTITY	AMOUNT
	•		•	•	•	
М	edicare		Medicaid		Cash	
] Primary		☐ Primary		☐ Primary	/
] Secondary	/	☐ Secondary		☐ Second	dary
M	ajor Medic	al				
	Primary					
	Secondary	1				

Initials _____ EYEFORMS

Claim Entry Date ___