Brian J. Mihok, D.O.
OPHTHALMOLOGY

A New Look. The Same Trusted Eye Care.

Letter from Brian J. Mihok, D.O.

Dear Colleague,

We are pleased to introduce our updated practice materials and referral resources. While our appearance may be new, our commitment to exceptional patient care remains unchanged.

Brian J. Mihok, D.O., Inc. provides comprehensive medical and surgical ophthalmology services for patients throughout the Dayton region. We value the trust local providers place in our practice and strive to provide timely appointments, excellent communication, and coordinated patient care.

We welcome referrals for cataracts, glaucoma, diabetic eye disease, macular degeneration, floaters and flashes, eyelid concerns, and general ophthalmic conditions.

Thank you for your continued confidence in our practice. We look forward to serving your patients.

Sincerely,

Brian J. Mihok, D.O. Board-Certified Ophthalmologist

Brian J. Mihok, D.O., Inc.

8940 Kingsridge Drive, Suite 104, Dayton, OH 45458

Phone: (937) 433-0454 | Fax: (937) 433-4386

Meet Brian J. Mihok, D.O.

Areas of Expertise

- Board-certified ophthalmologist with over 20 years of experience
- Cataract surgery and advanced lens implants
- Glaucoma management including SLT laser treatment
- Diabetic eye disease and macular degeneration care
- YAG laser capsulotomy
- Comprehensive ophthalmic care

Special Recognition

- Former Director, Kettering Ophthalmology Residency Program
- Incoming Director, Premier Health/Wright State University Ophthalmology Residency Program

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Mission Work

Annual participant in Surgeons for Sight medical mission trips to Honduras.

Education & Training

- Doctor of Osteopathic Medicine (D.O.)
- Ophthalmology Residency Training
- Board Certification in Ophthalmology
- Continuing Medical Education in Advanced Surgical Techniques

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Professional Memberships

- American Academy of Ophthalmology
- American Osteopathic Association
- Ohio Ophthalmological Society
- American Society of Cataract and Refractive Surgery

Patient Care Philosophy

Dr. Mihok is committed to providing compassionate, comprehensive eye care with a focus on patient education and the latest evidence-based treatments. He takes time to ensure each patient understands their condition and treatment options, fostering a collaborative approach to vision health.

SERVICES & REFERRAL GUIDE

Conditions We Commonly Evaluate

Cataracts	**Glaucoma**
Diabetic Retinopathy	**Macular Degeneration**
Floaters & Flashes	**YAG Laser Evaluation**
SLT Laser Evaluation	**Comprehensive Medical Eye Care**
Blepharoplasty Consultation	**Urgent Ophthalmic Concerns**

Unsure if a patient is appropriate for referral? Our team is happy to assist.

Phone: (937) 433-0454

Fax: (937) 433-0455

Referral Process

1. Contact our office by phone or fax to schedule your patient's appointment
2. Provide relevant medical records, imaging, and reason for referral
3. We will coordinate directly with your office regarding findings and treatment plans
4. Patients typically seen within 1-2 weeks for routine cases, same-day for urgent concerns

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What to Send With Your Referral

- Patient demographics and insurance information
- Recent visual acuity measurements
- Current medications list
- Relevant diagnostic imaging (OCT, visual fields, fundus photos)
- Brief clinical summary and reason for referral

We look forward to partnering with you in your patients' eye care.

Please note: Our practice accepts most major insurance plans. At this time, we are unable to accommodate Medicaid or Marketplace insurance plans. We appreciate your understanding.

Brian J. Mihok, D.O.

Provider Quick Reference

Keep this near your scheduling desk for easy access

Office Hours

Monday–Thursday	8:30 AM – 5:00 PM
Friday	8:30 AM – 12:00 PM

Contact Information

Referral Fax: (937) 433-4386

Scheduling Phone: (937) 433-0454

Address: 8940 Kingsridge Drive, Suite 104, Dayton, OH 45458

Services at a Glance

Common Referral Diagnoses

- Cataracts
- Glaucoma
- Elevated Intraocular Pressure
- Diabetic Retinopathy
- Macular Degeneration
- Floaters & Flashes
- Posterior Capsular Opacification (YAG Evaluation)
- SLT Evaluation
- Eyelid Concerns

Thank you for trusting us with your patients.

Consultation findings and treatment recommendations are communicated back to referring providers whenever appropriate.

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REFERRAL FORM

Please complete this form AND fax to **(937) 433-4386**

We will contact your patient directly to schedule an appointment

☐ URGENT (within 24 hours) ☐ NEXT AVAILABLE APPT.

APPOINTMENTS: (937) 433-0454

REFERRAL FAX LINE: (937) 433-4386

PATIENT INFORMATION

(Lack of complete patient information and/or lack of exam notes could result in a delay in processing this referral)

Patient: _____

Date of Birth: _____ / _____ / _____ Sex: ☐ Male ☐ Female

Phone: _____

INSURANCE INFORMATION

** Please include copies of current insurance cards

Insurance Name: _____

REFERRING PROVIDER INFORMATION

Referring Provider: _____

Phone: _____

Fax: _____

REASON FOR REFERRAL

_____

Please include chart notes, demographic sheet, and any relevant testing (OCT, photos, etc.) with this referral.

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