

RETINAL CONSULTATION REQUEST

HOUSTON RETINA ASSOCIATES, P.A.

Diseases and Surgery of the Macula, Retina, & Vitreous

Phone: (281) 495 - 2222 Fax: (281) 495 - 2146

www.hretina.com

Office Location:

- | | | | | | | |
|---|---|---|---|---|--|---|
| <input type="checkbox"/> Memorial Hermann Southwest
Medical Plaza 4
7789 Southwest Freeway
Suite 530
Houston, Texas 77074 | <input type="checkbox"/> Clear Lake
561 W. Medical Center Blvd.
Suite E
Webster, Texas 77598 | <input type="checkbox"/> Memorial Hermann Katy
Medical Plaza 1
23920 Katy Freeway
Suite 575
Katy, Texas 77494 | <input type="checkbox"/> Memorial Hermann Sugar Land
Medical Plaza 1
17510 W. Grand Parkway S
Suite 470
Sugar Land, Texas 77479 | <input type="checkbox"/> St. Luke's The Vintage Willowbrook
Medical Arts 1 Building
20207 Chasewood Park Dr.
Suite 206
Houston, Texas 77070 | <input type="checkbox"/> Memorial Hermann Northeast
Medical Plaza 2
18980 W. Memorial Dr.
Suite 410
Humble, TX 77338 | <input type="checkbox"/> Memorial
9225 Katy Freeway,
Suite 104
Houston, TX 77024 |
|---|---|---|---|---|--|---|

Referring Physician: _____ Date: _____

Referring Physician Phone: _____ Referring Physician Fax: _____

Patient Name: _____ Patient Phone: _____

Date of Birth: _____ Insurance: _____

Appointment: Date _____ Time _____

Please call for urgent consultation

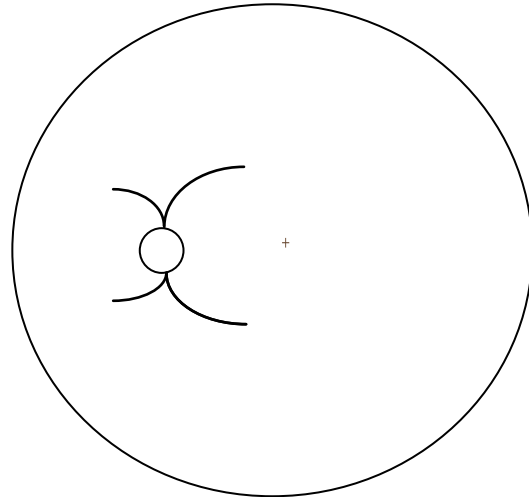
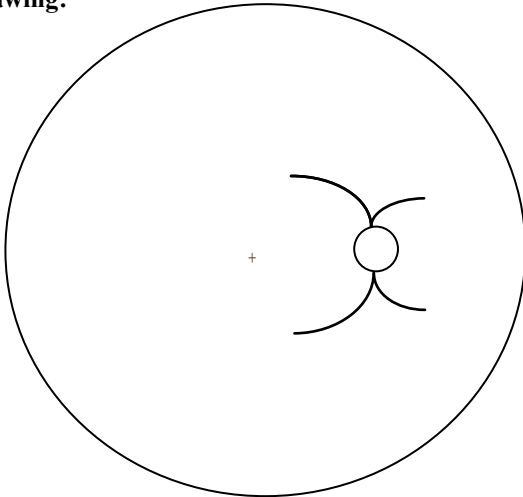
Please call patient to schedule an appointment

Patient will call to schedule appointment

Visual Acuity: 20 / _____ OD

20 / _____ OS

Retinal Drawing:



Reason for Referral/Comments:

If Requesting Ocular Imaging:

- Fundus Photography Fluorescein / ICG Angiography Ultrasound OCT (optical coherence tomography)

PLEASE FAX THIS FORM TO THE NUMBER ABOVE OR GIVE THIS FORM TO THE PATIENT TO BRING TO OUR OFFICE. THANK YOU FOR REFERRING TO THE HOUSTON RETINA ASSOCIATES.