

Consult Request Form

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Please complete this form and fax back to the appropriate location. We will be happy to contact your patient directly to schedule an appointment with one of our physicians.

Patient: _____
First Middle Last
Date of Birth: ____/____/____ Sex: M F Phone: _____
Mo. Day Year
Alternate Phone: _____

Dear Mid Atlantic Retina Doctor:

I am requesting a retinal consultation for the above patient. Please convey your opinion and advice regarding the following symptoms and/or signs. I will continue to provide general care following your consultation.

Visual Acuity: OD _____ OS _____

- | | |
|--|---|
| <input type="checkbox"/> Decreased Vision | <input type="checkbox"/> Diabetic Retinal Changes |
| <input type="checkbox"/> Distorted Vision | <input type="checkbox"/> Retinal Hemorrhage |
| <input type="checkbox"/> Flashes and/or Floaters | <input type="checkbox"/> Retinal Edema |
| <input type="checkbox"/> Possible Retinal Tear or Detachment | <input type="checkbox"/> Vascular Occlusion |

Other diagnostic findings or pertinent history: _____

Visit Requested:

- Emergent:** Immediately **Urgent:** Within 24 hrs. **Priority:** 3-4 days **Non-Urgent:** 1-4 weeks

Insurance Information

Primary Insurance Company _____

Location Requested:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> 40 Monument Rd, Ste. 104
Bala Cynwyd, PA 19004
Fax: (610) 667-1328 | <input type="checkbox"/> 2300 Highland Ave., Ste. 201
Bethlehem, PA 18020
Fax: (610) 691-2105 | <input type="checkbox"/> 727 Welsh Rd., Ste. 206
Huntingdon Valley, PA 19006
Fax: (215) 947-9324 | <input type="checkbox"/> 3855 W. Chester Pike, Ste. 260
Newtown Square, PA 19073
Fax: (610) 353-4192 |
| <input type="checkbox"/> 910 E. Willow Grove Ave
Wyndmoor, PA 19038
Fax: (215) 836-1991 | <input type="checkbox"/> Wills Eye Inst., Ste. 1020
Philadelphia, PA 19107
Fax: (215) 825-9087 | <input type="checkbox"/> 37 Medical Crossing Rd.
Tamaqua, PA 18252
Fax: (570) 386-2959 | <input type="checkbox"/> 501 Cooper Landing Rd.
Cherry Hill, NJ 08002
Fax: (856) 667-2238 |
| <input type="checkbox"/> 94 Brick Rd, Ste. 303
Marlton, NJ 08053
Fax: (856) 983-0396 | <input type="checkbox"/> 1417 Cantillon Blvd.
Mays Landing, NJ 08330
Fax: (609) 625-0788 | <input type="checkbox"/> 4102 Ogleton-Stanton Rd.
Newark, DE 19713
Fax: (302) 454-8801 | <input type="checkbox"/> 3501 Silverside Rd.
Wilmington, DE 19810
Fax: (302) 477-2655 |

Signed: _____ **Date:** _____
Referring Doctor

Phone: _____ **Fax:** _____