Retinal Consultants of Arizona

CONSULTATION REQUEST FORM

Our staff will call your patient and schedule a consultation based on the information below.

Referring Doctor Name

Referring Doctor Phone Number

Referring Doctor Address

Patient Name

Date Examined

Patient Phone Number

Patient Date of Birth

Primary Insurance

Policy Number

Secondary Insurance

Policy Number

☐ Urgent ☐ Next Available

Primary Treatment

The patient above is being referred for evaluation and consultation regarding:

☐ AMD ☐ Diabetes ☐ ERM ☐ CME

☐ PVD ☐ Retinal Tear ☐ Retinal Detachment ☐ Other

Most Recent Refraction

Date

OD

OS

IOP

OD

OS

BVA

OD 20/

OS 20/

Time

☐ AM ☐ PM

☐ NCT ☐ Goldman ☐ Other

Retinal Consultants of Arizona Location Preference

☐ Phoenix - North ☐ Mesa ☐ Peoria ☐ Closest to Patient

☐ Phoenix - Biltmore ☐ Gilbert ☐ Other

Please fax this form and notes to (602) 231-6240

Our staff will contact your patient to schedule an appointment.

To schedule an appointment immediately, please call **(602) 222-2221**

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retinalconsultantsaz.com/refer-a-patient