RETINA CONSULTANTS, PLLC

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Practice Limited to
Diseases and Surgery of the Retina, Macula, and Vitreous
Diabetic Retinopathy
Macular Degeneration
Ultrasonography

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RETINA CONSULTANTS 25 YEARS

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Referring to:
[ ] Charleston Office
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URGENT Referrals ARE NOT ACCEPTED via fax. You MUST CALL our office

Patient Name: _____

DOB: _____/_____/_____

Reason for Referral: _____

Requested Referral Timeframe: _____

Please fax the following information:

[ ] Patient demographic sheet (patient name, address, phone number, etc.)
[ ] Exam notes and any applicable records (VF, OR record, labs, etc.)
[ ] Medical Insurance card (front & back)

For Retina Consultants office use only

Appointment Date:

Appointment Time:

Provider:

Patient notified of appointment date and time.