Swati Agarwal-Sinha, MD
Rajeev Buddi, MD, MPH
Benjamin J Ernst, MD
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www.newretinamd.com

Routine Referral

Khalid S Kahook, MD
Anthony M Parendo, MD
Michael E Possin, MD

APPLETON	442 N Westhill Blvd Ste A	Appleton WI 54914	P	920-751-8666	F	920-751-8676
GREEN BAY	480 Pilgrim Way Ste 1100	Green Bay WI 54304	P	920-592-0111	F	920-592-1146
N FOND DU LAC	723 Park Ridge Lane Ste 10	N Fond du Lac WI 54937	P	920-322-8688	F	920-322-8689
OSHKOSH	515 S Washburn St Ste101A	Oshkosh WI 54904	P	920-232-8060	F	920-232-3798
SHEBOYGAN	2920 Superior Ave Ste 210	Sheboygan WI 53081	P	920-476-7800	F	920-377-7340
STEVENS POINT	5733 Windy Drive Ste A	Stevens Point WI 54482	P	715-600-8105	F	715-544-1360

DEMOGRAPHIC INFORMATION (Please complete ALL fields**)**

Date_____ **Provider name**_____

Patient name_____ **Provider contact number**_____

Date of birth_____ **Provider facility & location**_____

Patient contact number_____ **Provider signature**_____

Patient primary medical insurance_____

Patient secondary medical insurance (if applicable) _____

ROUTINE CONSULTATION for: O **OD** O **OS** O **OU**

O Neovascular Macular Degeneration
O Diabetic Retinopathy
O Macular Pucker/Epiretinal Membrane
O Macular Hole
O Vein Occlusion
O Central Serous Retinopathy
O Uveitis
O Lattice Degeneration
O Posterior Vitreous Detachment
O Other (please specify)_____

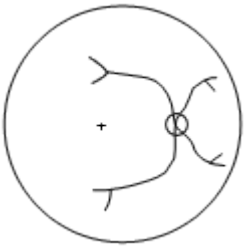
****IF DIAGNOSIS IS URGENT, PLEASE FILL OUT SAME DAY URGENT REFERRAL FORM AND CALL OUR OFFICE****

CLINICAL DATA Provide as necessary

	OD	**OS**
Visual acuity	20 / ____	20 / ____
Intraocular pressure	_____	_____
Pseudophakic	O Y O N	O Y O N
Myopic	O Y O N	O Y O N
Approx. refractive error (diopters)	_____	_____
Other comments:		

Fundus findings

OD



OS

