



DATE _____ DOB _____

PATIENT NAME _____

PHONE (HOME) _____ CELL _____

INSURANCE COMPANY _____

INSURED PERSON _____

AUTHORIZATION NO. _____

AUTHORIZED BY _____

REFERRING DOCTOR _____

ADDRESS _____

TELEPHONE _____ FAX _____

Referral for Retinal Consultation

EXAM RESULTS

PHONE LETTER FAX

DIAGNOSIS

- Macular Degeneration Diabetic Retinopathy Flashes/Floaters
- Retinal Detachment Retinal Tear Unexplained Vision Loss
- Other _____

AUTHORIZATION

I, _____ authorize release of all records pertaining to my care from my referring physician to Retina Consultants of Nevada.

YOUR APPOINTMENT

is on _____ with

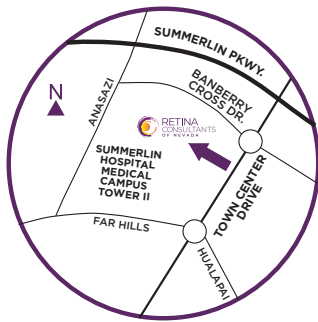
- Dr. Hollifield Dr. Loo Dr Thach Dr. Yepremyan
- Dr. Wickens Dr. Pezda Dr. Liu Dr. Calvo

PLEASE BRING FORM WITH YOU TO YOUR APPOINTMENT

(702) 369-0200
(800) 228-5810

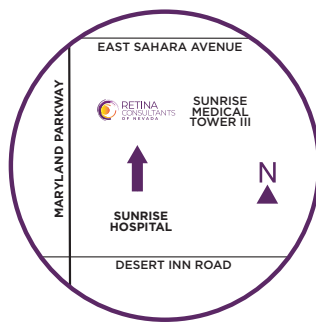
OUR LOCATIONS

PLEASE BRING FORM WITH YOU TO YOUR APPOINTMENT
 (702) 369-0200 • (800) 228-5810 • RETINANEVADA.COM



SUMMERLIN OFFICE

(702) 369-4143 FAX
 653 N. TOWN CENTER DR.
 SUITE 518
 LAS VEGAS, NV 89144



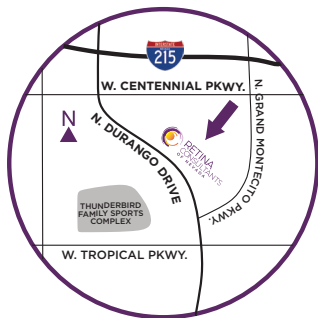
EAST SIDE OFFICE

(702) 951-6010 FAX
 3006 S. MARYLAND PKWY.
 SUITE 710
 LAS VEGAS, NV 89109



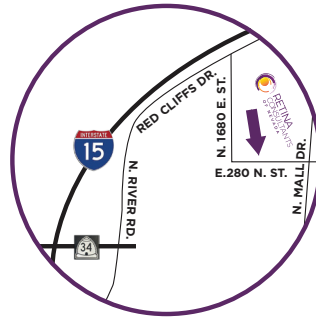
GREEN VALLEY OFFICE

(702) 851-9447 FAX
 710 CORONADO CENTER DR.
 SUITE 201
 HENDERSON, NV 89052



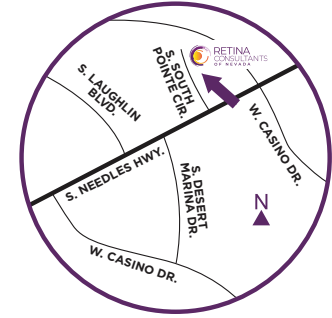
CENTENNIAL OFFICE

(702) 405-6110 FAX
 6220 N DURANGO DR.
 LAS VEGAS, NV 89149



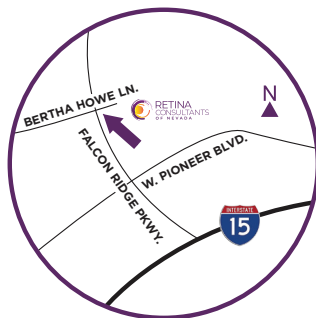
ST. GEORGE

1791 EAST 280 NORTH
 ST. GEORGE, UT 84790



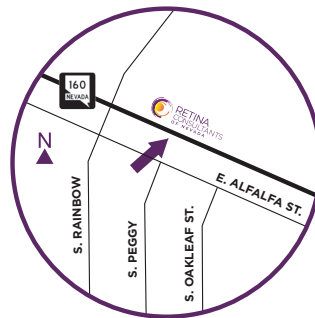
LAUGHLIN

3650 S. POINT CIRCLE,
 SUITE 210
 LAUGHLIN, NV 89029



MESQUITE

1301 BERTHA HOWE AVE
 MESQUITE, NV 89027



PAHRUMP

3640 NEVADA STATE ROAD
 160 BLDG. D, SUITE 101
 PAHRUMP, NV 89048

REMINDERS WHEN VISITING OUR OFFICE

- Plan on being in our office 2 hours.
- Your eyes will be dilated.
- Arrange to have a driver.
- Bring a list of all medications.
- Bring all Insurance cards.
- Bring glasses, contacts and contact case.