RETINA CONSULTANTS OF NEVADA

PATIENT REFERRAL FORM

DATE _____ DOB _____

PATIENT NAME _____

PHONE (HOME) _____ CELL _____

INSURANCE COMPANY _____

INSURED PERSON _____

AUTHORIZATION NO. _____

AUTHORIZED BY _____

REFERRING DOCTOR _____

ADDRESS _____

_____

TELEPHONE _____

☐ **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. Parker ☐ Dr. Hollifield ☐ Dr. Liu
☐ Dr. Wickens ☐ Dr. Loo ☐ Dr. Yepremyan

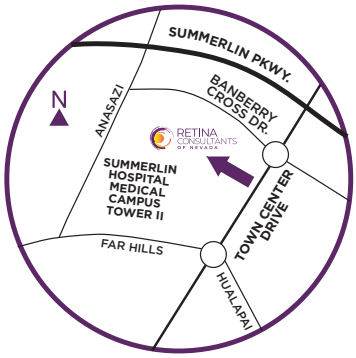
PLEASE BRING FORM WITH YOU TO YOUR APPOINTMENT

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

OUR LOCATIONS

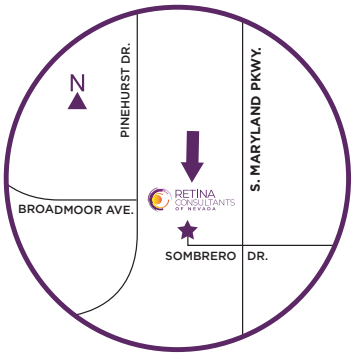
SUMMERLIN OFFICE

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



EAST SIDE OFFICE

(702) 951-6010 FAX
3201 S MARYLAND PARKWAY,
SUITE 500
LAS VEGAS, NV 89109

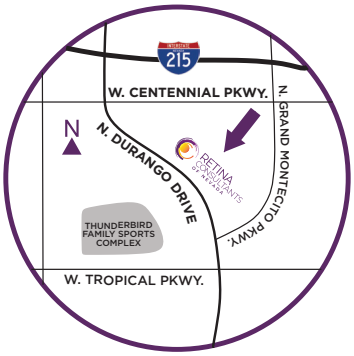


GREEN VALLEY OFFICE

(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



MESQUITE OFFICE

1301 BERTHA HOWE AVE
MESQUITE, NV 89027
(702) 369-0200

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 (Medicare card).**
- **Bring glasses, contacts and contact case.**

PLEASE BRING FORM WITH YOU TO YOUR APPOINTMENT

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