



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. Liu

☐ Dr. Wickens

☐ Dr. Yepremyan

☐ Dr. Mannina

☐ Dr. Loo

**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](http://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  
3201 S. MARYLAND PKWY.  
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

1301 BERTHA HOWE AVE  
MESQUITE, NV 89027

## 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.