



Northeast Wisconsin Retina Associates, sc Referral Form

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NEENAH
200 Theda Clark Medical
Plaza, Suite 110
Neenah, WI 54956
920-751-8666
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NORTH FOND DU LAC
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OSHKOSH
515 S. Washburn St.
Suite 101A
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STEVENS POINT
5733 Windy Drive
Suite A
Stevens Point, WI 54482
715-600-8105
715-544-1360 fax

DEMOGRAPHIC INFORMATION

Date	Provider name
Patient name	Contact number
Date of birth	Provider signature
Contact number	

URGENT CONSULTATION for: OD OS

- Endophthalmitis
- Ocular trauma (e.g., open-globe injury, intraocular foreign body)
- Rhegmatogenous retinal detachment Macula-sparing Macula-involved
- Posterior vitreous detachment (PVD) with retinal tear formation
- Vitreous hemorrhage (VH) unrelated to diabetic retinopathy/retinal vascular disease (i.e., PVD with VH and possible retinal tear/detachment)
- Neovascular macular degeneration
- Rubeosis/iris neovascularization or neovascular glaucoma complicating diabetic retinopathy or retinal vascular occlusion
- Retained lens fragments following cataract surgery
- Other (please specify):

ROUTINE CONSULTATION for: OD OS

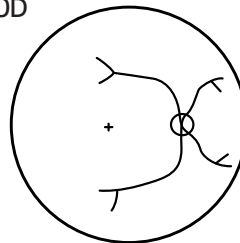
If diagnosis is uncertain, please provide any pertinent details.

CLINICAL DATA Provide as necessary

	OD	OS
Visual acuity	20 / ____	20 / ____
Intraocular pressure	_____	_____
Pseudophakic	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Myopic	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Approx refractive error (diopters)	_____	_____
Other comments:		

Fundus findings

OD



OS

