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Northeast Wisconsin Retina Associates, SC

www.newretinamd.com

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Routine Referral

APPLETON	442 N Westhill Blvd Ste A	Appleton WI 54914	P 920-751-8666	F 920-751-8676
GREEN BAY	480 Pilgrim Way Ste 1305	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**)**

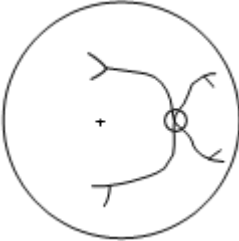
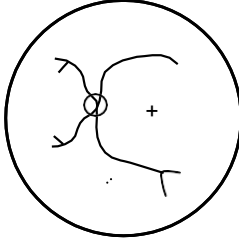
Date _____ Provider name _____
 Patient name _____ Provider contact number _____
 Date of birth _____ Provider facility & location _____
 Patient contact number _____ Provider signature _____
 Patient primary medical insurance _____
 Patient secondary medical insurance (if applicable) _____

ROUTINE CONSULTATION for: OD OS OU

- Neovascular Macular Degeneration
- Diabetic Retinopathy
- Macular Pucker/Epiretinal Membrane
- Macular Hole
- Vein Occlusion
- Central Serous Retinopathy
- Uveitis
- Lattice Degeneration
- Posterior Vitreous Detachment
- 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	Fundus findings	
Visual acuity	20 / ____	20 / ____	OD	OS
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:				