



Northeast Wisconsin Retina Associates, sc

# Same Day Urgent Referral

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Referring Dr & Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Location of Caller: \_\_\_\_\_ Location of Patient: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Secondary Insurance (if applicable): \_\_\_\_\_

Right Left OU \*Diagnosis:

- Endophthalmitis
- Ocular trauma (e.g. open-globe injury; intraocular foreign body)
- Retinal Detachment (RD) – mac on - sparing/ mac off – involved
- Retinal Tear / PVD - posterior vitreous detachment
- Vitreous Hemorrhage (VH) – nondiabetic / diabetic
- Central Retinal Artery Occlusion (CRAO)
- Ischemic Optic Neuropathy – sudden onset, decreased visual acuity
- Rubeosis/iris neovascularization/neovascular glaucoma/retinal vascular occlusion (RVO) or (RAO)
- Retained lens fragments following cataract surgery
- Other \_\_\_\_\_

### \* Mandatory Information

How long has the patient had the symptoms: \_\_\_\_\_

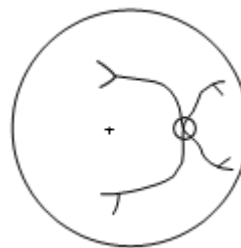
\*NPO Status: Last intake of food and beverage (what and when): \_\_\_\_\_

\*Blood thinners? Y/N (Coumadin, Eliquis, Brilinta, Other \_\_\_\_\_)

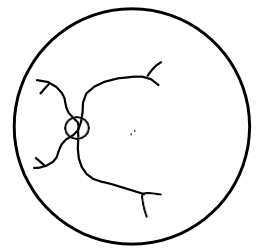
Other comments: \_\_\_\_\_

	Right (OD)	Left (OS)
*Visual acuity	20/_____	20/_____
*Intraocular pressure (IOP)	_____	_____
Visual field defect	Y / N	Y / N
*Pseudophakic (lens implant)	Y / N	Y / N
Myopic	Y / N	Y / N
Approx refractive error (diopters)	_____	_____
Pain	Y / N	Y / N
*Recent eye surgery	Y / N	Y / N
Flashes and floaters	Y / N	Y / N

OD



OS



What type if known \_\_\_\_\_

If the patient is coming over today:

- \*Cell phone number for patient while they are traveling: \_\_\_\_\_
- Instruct patient \*not to eat or drink anything from that point on, no gum or candy either