

Retina Associates of Cleveland, Inc.

Lawrence J. Singerman, MD

Michael A. Novak, MD

Hernando Zegarra, MD

Z. Nicholas Zakov, MD

Scott D. Pendergast, MD

David G. Miller, MD

Joseph M. Coney, MD

Retina, Vitreous, and Macular Diseases and Surgery • Laser Treatment • Diabetic Retinopathy

Refer patient to (check office)

Enterprise Place
3401 Enterprise Parkway
Suite 300
Beachwood, Ohio 44122
216-831-5700
FAX: 216-831-1959

14601 Detroit Avenue
Suite 200
Lakewood, Ohio 44107
216-221-2878
FAX: 216-221-2594

18660 Bagley Road
Building 1, Suite 504
Middleburg Hts, Ohio 44130
440-234-8585
FAX: 440-239-8948

5390 Belmont Avenue
Youngstown, Ohio 44505
330-759-8777
FAX: 330-759-0981

1 Park West Blvd.
Suite 150
Akron, Ohio 44320
330-869-0738
FAX: 330-869-0864

3919 East Market Street
Warren, Ohio 44484
330-856-2238
FAX: 330-856-9946

9485 Mentor Avenue
Suite 211
Mentor, Ohio 44060
440-205-4444
FAX: 440-205-4400

6100 South Broadway Avenue
Suite 200
Lorain, Ohio 44053
440-233-6100
FAX: 440-233-6108

2235 E. Pershing Street
Suite B
Salem, Ohio 44460
330-337-1010
FAX: 330-337-1012

CONSULT REQUEST FORM

PLEASE FAX THIS FORM TO OUR OFFICE.

Date ____ / ____ / ____

Patient Information

_____ last name first name phone number

Referring diagnosis _____

Right _____ Left _____

Referring Doctor Information

Name _____

Address _____

Office phone number _____ Office fax number _____

Physician Requested

- Lawrence J. Singerman, MD Scott D. Pendergast, MD
 Michael A. Novak, MD David G. Miller, MD
 Hernando Zegarra, MD Joseph M. Coney, MD
 Z. Nicholas Zakov, MD Any Physician

Services Requested

Type of appointment

- Emergency Urgent Routine
(Today or tomorrow) (3 to 4 days)

Type of service

- Referral for evaluation and consideration of treatment
 Referral for evaluation *only*
 Second opinion Ultrasonography
 Special tests Electrophysiology
 Any required
 Fluorescein angiography
 Indocyanine green angiography

Dr. Signature _____

Electronic signature, signature stamp or original ink signature required.