

## CONSULT REQUEST FORM

### PLEASE FAX THIS FORM TO OUR OFFICE

**Patient Information**

\_\_\_\_\_  
Last Name                      First Name                      Phone Number

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referring diagnosis: OD    OS    OU \_\_\_\_\_

Comments \_\_\_\_\_

**Referring Doctor Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Services Requested**

*Type of appointment*

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

*Type of service*

- Evaluation and treatment
- Evaluation *only*
- Second opinion
- Ultrasonography
- Electrophysiology
- Special tests*
  - Fluorescein angiography
  - Optical coherence tomography
  - Indocyanine green angiography
  - Any required

**Office Requested: (RACI Office phone numbers & addresses are on the back of this form)**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Akron<br>FAX: 330-869-0864          | <input type="checkbox"/> Dover<br>FAX: 330-966-9803  | <input type="checkbox"/> Mentor<br>FAX: 440-205-4400          | <input type="checkbox"/> Warren<br>FAX: 330-856-9946     |
| <input type="checkbox"/> Beachwood<br>FAX: 216-831-1959      | <input type="checkbox"/> Lorain<br>FAX: 440-233-6108 | <input type="checkbox"/> Middleburg Hts.<br>FAX: 440-663-0032 | <input type="checkbox"/> Westlake<br>FAX: 440-835-2150   |
| <input type="checkbox"/> Canton<br>FAX: 330-966-9803         | <input type="checkbox"/> Medina<br>FAX: 330-721-2783 | <input type="checkbox"/> Strongsville<br>FAX: 440-238-0885    | <input type="checkbox"/> Youngstown<br>FAX: 330-759-0981 |
| <input type="checkbox"/> Cuyahoga Falls<br>FAX: 330-922-9861 |  |   |  |

**Physician Requested:**  Any Physician

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Joseph Coney, MD     | <input type="checkbox"/> Michael A. Novak, MD | <input type="checkbox"/> Jerome Schartman, MD   |
| <input type="checkbox"/> Thomas Hull, MD      | <input type="checkbox"/> Scott Pendergast, MD | <input type="checkbox"/> Lawrence Singerman, MD |
| <input type="checkbox"/> Shawn Lewis, MD      | <input type="checkbox"/> Hang Pham, MD        | <input type="checkbox"/> Thomas Tsai, MD        |
| <input type="checkbox"/> David G. Miller, MD  | <input type="checkbox"/> Sean Platt, MD       | <input type="checkbox"/> Hernando Zegarra, MD   |
| <input type="checkbox"/> Arnold Nothnagel, DO | <input type="checkbox"/> Llewelyn Rao, MD     |   |



## Offices:

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690 White Pond Dr., Suite 120  
**Akron**, Ohio 44320  
330-869-0738

Clinic & Administrative Office  
24075 Commerce Park  
**Beachwood**, Ohio 44122  
216-831-5700

4690 Munson St. NW, Suite D  
**Canton**, Ohio 44718  
330-966-9800

650 Graham Rd., Suite 103/104  
**Cuyahoga Falls**, Ohio 44221  
330-922-9860

340 Oxford St., Suite 210  
**Dover**, Ohio 44622  
330-602-8351

6100 S. Broadway Ave., Suite 200  
**Lorain**, Ohio 44053  
440-233-6100

3591 Reserve Commons Dr.  
Suite 101  
**Medina**, Ohio 44256  
330-721-2727

9485 Mentor Ave., Suite 110  
**Mentor**, Ohio 44060  
440-205-4444

15299 E. Bagley Rd., Suite 200  
**Middleburg Hts.**, Ohio 44130  
440-663-0022

17534 Royalton Rd., Suite 201  
**Strongsville**, Ohio 44136  
440-238-8900

170 North Rd. NE  
**Warren**, Ohio 44483  
330-856-2238

4350 Crocker Rd., Suite 200  
**Westlake**, Ohio 44145  
440-835-0060

5390 Belmont Ave.  
**Youngstown**, Ohio 44505  
330-759-8777