

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 Jerome P. Schartman, MD Llewelyn J. Rao, MD Lili G. Kaplan, MD Shawn A. Lewis, MD
Retina, Vitreous, and Macular Diseases and Surgery • Laser Treatment • Diabetic Retinopathy

www.retina-doctors.com

Refer patient to (check office)

- 690 White Pond Drive
Suite 120
Akron, Ohio 44320
330-869-0738
FAX: 330-869-0864

- Clinic & Administrative Office
3401 Enterprise Parkway
Suite 300
Beachwood, Ohio 44122
216-831-5700
FAX: 216-831-1959

- 14725 Detroit Avenue
Suite 200
Lakewood, Ohio 44107
216-221-2878
FAX: 216-221-2594

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

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

- 15299 East Bagley Road
Suite 200
Middleburg Hts, Ohio 44130
440-663-0022
FAX: 440-663-0032

- 17534 Royalton Road
Suite 201
Strongsville, Ohio 44136
440-238-8900
FAX: 440-238-0885

- 170 North Road NE
Warren, Ohio 44483
330-856-2238
FAX: 330-856-9946

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

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 _____

City _____ State _____ Zip _____

Office phone # _____ Office fax # _____

Physician Requested

- | | |
|----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Lawrence J. Singerman, MD | <input type="checkbox"/> Joseph M. Coney, MD |
| <input type="checkbox"/> Michael A. Novak, MD | <input type="checkbox"/> Jerome P. Schartman, MD |
| <input type="checkbox"/> Hernando Zegarra, MD | <input type="checkbox"/> Llewelyn J. Rao, MD |
| <input type="checkbox"/> Z. Nicholas Zakov, MD | <input type="checkbox"/> Lili G. Kaplan, MD |
| <input type="checkbox"/> Scott D. Pendergast, MD | <input type="checkbox"/> Shawn A. Lewis, MD |
| <input type="checkbox"/> David G. Miller, MD | <input type="checkbox"/> Any Physician |

Services Requested

Type of appointment

- | | | |
|-----------------------------------------------------------|--------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Emergency
(Today or tomorrow) | <input type="checkbox"/> Urgent
(3 to 4 days) | <input type="checkbox"/> Routine |
|-----------------------------------------------------------|--------------------------------------------------|----------------------------------|

Type of service

- | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Referral for evaluation and consideration of treatment | |
| <input type="checkbox"/> Referral for evaluation <i>only</i> | <input type="checkbox"/> Ultrasonography |
| <input type="checkbox"/> Second opinion | <input type="checkbox"/> Electrophysiology |
| <input type="checkbox"/> Special tests | |
| <input type="checkbox"/> Fluorescein angiography | <input type="checkbox"/> Optical coherence tomography |
| <input type="checkbox"/> Indocyanine green angiography | <input type="checkbox"/> Any required |

Dr. Signature _____