



Does patient require assistance?  
 Wheelchair/Risk for fall  Interpreter  
 Other: \_\_\_\_\_

Rick Isernhagen, MD  
Thomas Stone, MD  
John Kitchens, MD  
Todd Purkiss, MD, PhD  
Belinda Shirkey, MD  
Blake Isernhagen, MD  
Jack Hollins, MD  
Miguel Busquets, MD, FACS  
Nathan Steinle, MD  
Aaron Ricca, MD

### Consultation Request

Today's Date: \_\_\_\_\_

**PATIENT DEMOGRAPHIC INFORMATION**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Primary / Secondary Insurance  Self-pay

Lexington telephone: (859) 263-3900  
Louisville telephone: (502) 895-2600

**PROVIDER INFORMATION**

Provider Name: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

Provider Fax: \_\_\_\_\_

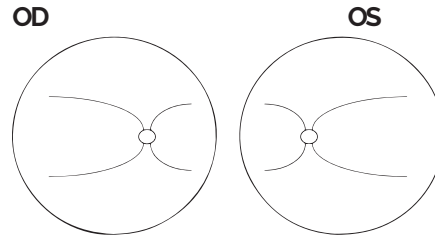
Provider Signature: \_\_\_\_\_

**PLEASE SEND FRONT AND BACK COPIES OF CURRENT INSURANCE CARDS**

**BRIEFLY STATE THE REASON FOR THE REFERRAL**

Vision OD 20 / \_\_\_\_  
OS 20 / \_\_\_\_

Fundus findings



**URGENT CONSULTATION FOR:**

**ROUTINE CONSULTATION FOR:**

**REQUESTED APPOINTMENT LOCATION**

- Wet AMD **RT LT**
- Retinal Detachment **RT LT**
- Retinal Tear **RT LT**
- Vitreous Hemorrhage **RT LT**
- Endophthalmitis **RT LT**
- Other: \_\_\_\_\_

- Dry AMD **RT LT**
- BRVO / CRVO **RT LT**
- Epiretinal Membrane **RT LT**
- Diabetic Macular Edema **RT LT**
- Diabetic Retinopathy **RT LT**
- Macular Hole **RT LT**
- Other: \_\_\_\_\_

- Kentucky Offices**
- Lexington  Louisville
  - Ashland  Danville
  - Elizabethtown  Frankfort
  - London  Paintsville
  - Richmond  Somerset

- Indiana Office**
- Jeffersonville, IN

**IF YOU ARE SCHEDULING AN URGENT CONSULTATION, PLEASE CALL OUR OFFICE DIRECTLY (800) 627-2020**

For office use only:  
Appt Date and Time: \_\_\_\_\_

Nursing Home Patient:  YES  NO

Nursing Home Name: \_\_\_\_\_

Nursing Home Phone: \_\_\_\_\_

Nursing Home Address: \_\_\_\_\_

Worker's Comp:  YES  NO

Worker's Comp Carrier: \_\_\_\_\_

Claim #: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

W/C Carrier Phone #: \_\_\_\_\_

**Retina Associates of Kentucky - All Locations  
Fax to: (859) 264-2911  
Toll Free: (800) 627-2020**

Upon receipt, we will contact your patient within one business day to schedule the requested appointment. We will also contact your office to inform you of the upcoming appointment date/time. Please provide your contact information if you would like us to notify you specifically.

**PLEASE FAX CHART NOTE**