



RETINA ASSOCIATES OF KENTUCKY

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: _____

- 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

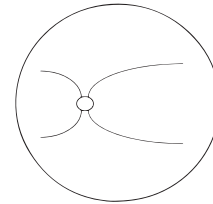
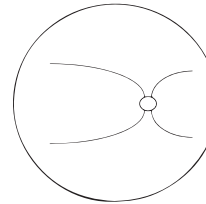
Fundus findings

Vision OD 20 / ____

OS 20 / ____

OD

OS



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: _____

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

- 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

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