RETINA ASSOCIATES OF KENTUCKY

William Wood, MD
Rick Isernhagen, MD
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Jack Hollins, MD
Miguel Busquets, MD, FACS

Consultation Request

Today's Date: ___________

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

PATIENT DEMOGRAPHIC INFORMATION

Name: ___________

DOB: ___________ Social Security #: ___________

Address: ___________

___________ Zip: ___________

Phone: ___________ Cell: ___________

❑ Primary / Secondary Insurance ❑ Self-pay

PROVIDER INFORMATION

Provider Name: ___________

Provider Phone: ___________

Provider Fax: ___________

Provider Signature: ___________

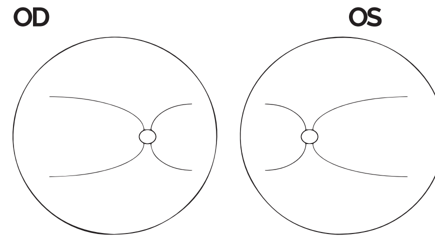
PLEASE SEND FRONT AND BACK COPIES OF CURRENT INSURANCE CARDS

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	❑ Dry AMD	RT	LT	❑ Lexington	❑ Louisville
❑ Retinal Detachment	RT	LT	❑ BRVO / CRVO	RT	LT	❑ Lexington West	❑ Ashland
❑ Retinal Tear	RT	LT	❑ Epiretinal Membrane	RT	LT	❑ Bardstown	❑ Danville
❑ Vitreous Hemorrhage	RT	LT	❑ Diabetic Macular Edema	RT	LT	❑ Frankfort	❑ Jeffersonville, IN
❑ Endophthalmitis	RT	LT	❑ Diabetic Retinopathy	RT	LT	❑ London	❑ Prestonsburg
❑ Other: ___________			❑ Macular Hole	RT	LT	❑ Richmond	❑ Shelbyville
			❑ Other: ___________			❑ Somerset	
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