

RETINA REFERRAL

Referring Doctor: _____

Referring Office Phone: _____ Fax: _____

Patient's Name: _____ Age: _____ Exam Date: _____

Patient Contact Information: _____

Diagnosis

Clinical Information/Prior Eye Surgery Right Eye / Left Eye / Both Eyes

Age Related Macular Degeneration
Diabetic Retinopathy / Diabetic Macular Edema
Vitreous Hemorrhage
Flashes and Floaters / Retinal Tear
Retinal Detachment / Lattice Degeneration
Epiretinal Membrane / Macular Hole / Vitreomacular Traction
Retinal Vein Occlusion / Retinal Artery Occlusion
Uveitis
Postoperative Evaluation/CME
Suspicious Nevus/Lesion
Plaquenil Screening
Trauma
Other:

Examination Requested

Co-management
 Consultation only

Correspondence



Fax
 Mail
 Call
 Via HIPAA secure Internet*

Appointment needs

STAT Today
 Urgent 1-3 days
 Routine

*Call 516-939-6100 if you would like a secure log on connection

PATIENT INFORMATION

- **Retinal Examination requires dilation of the pupils. Please bring your glasses, a driver, your present medications, and insurance cards. If your insurance company requires a referral, please obtain this prior to coming in for your appointment.**
- **Directions for Hicksville office: Take the Long Island Expressway to Exit 43 or Northern State to Exit 36S. Proceed south on South Oyster Bay Rd for approximately one mile. The building is a three-story structure on the right hand just before the intersection with Woodbury Road. It is across the street from the Plainview Shopping Center. The office is on the 3rd floor, Suite 305. **
- **Directions for Hauppauge office: Take the Long Island Expressway to Exit 57. Proceed one block north on Veterans Memorial Highway (454). The office is located in the Staller Office Park. It is on the southeast corner of Motor Parkway and Veterans Memorial Highway. **

James M. Maisel, M.D. • Rodney P. Coe, M.D. • Sabah A. Shah, M.D.