



Please attach patient demographic information and insurance card.

Patient Information:

Name: _____

Date of Birth: ____/____/____

Phone Number: _____

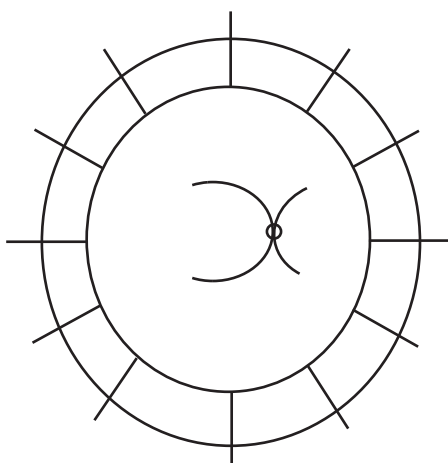
Date: ____/____/____

Referral: (must call for emergencies and urgencies)

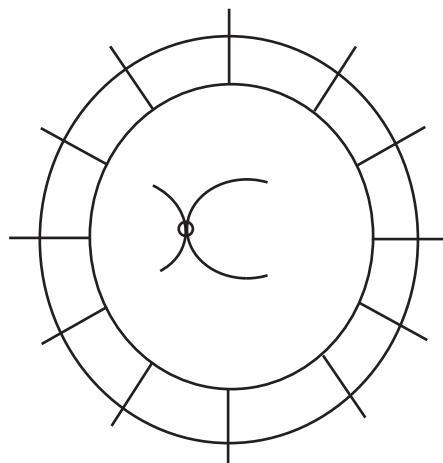
- ☐ Emergency (within 24 hours) ☐ 2 - 4 weeks
☐ Urgent (24 - 48 hours) ☐ When convenient
☐ 1 - 2 weeks

Referring Diagnosis: OD OS OU _____

- | | | | |
|--------------------|--|--|---|
| Wet AMD | ☐ Posterior Vitreous Detachment | ☐ Artery/Vein Occlusion | ☐ Diabetic Retinopathy |
| Dry AMD | ☐ Retinal Tear | ☐ Macular Edema | ☐ Uveitis |
| Nevus/Melanoma | ☐ Retinal Detachment | ☐ Macular Hole | ☐ Disc Edema |
| Cataract Clearance | ☐ Peripheral Hole/Lattice | ☐ Epiretinal Membrane | ☐ Plaquenil Use |



OD



OS

Referring Physician Information:

Name: _____

Office Number: _____

Appointment Date: ____/____/____

Appointment Time: _____

Appointment With:

- | | |
|---|---|
| ☐ Mark A. Gersman, MD | ☐ Sophia I. Pachydaki, MD |
| ☐ Robert E. Wenz, MD | ☐ Stephen M. Conti, MD |
| ☐ Stephen R. Kaufman, MD | ☐ Richard E. Wyszynski, MD |

The patient will: ☐ call Vitreo-Retinal Consultants, Inc. to schedule.
☐ wait for Vitreo-Retinal Consultants, Inc. to call and schedule.

Canton

4676 Douglas Circle NW, Canton, OH 44718
Phone: 800-438-1169 ♦ Fax: 330-494-0276

Marietta

1204 Greene St., Marietta, OH 45750
Phone: 800-438-1169 ♦ Fax: 330-494-0276

Dover

658 Boulevard St., Dover, OH 44622
Phone: 800-438-1169 ♦ Fax: 330-494-0276

Wooster

3519 Friendsville Rd., Wooster, OH 44691
Phone: 800-438-1169 ♦ Fax: 330-494-0276