Vitreo-Retinal Consultants, Inc.

Please attach patient demographic information and insurance card.

Patient Information:

Name: _____

Date of Birth: _____/_____/_____

Phone Number: _____

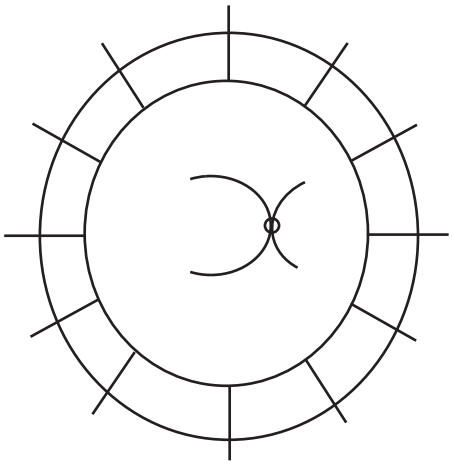
Date: _____/_____/_____

Referral: (must call for emergencies and urgencies)

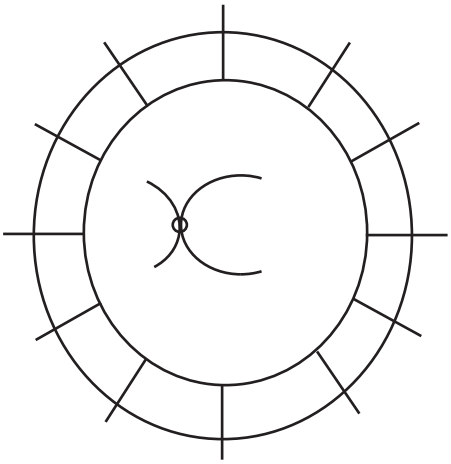
- ☐ Emergency (within 24 hours)
- ☐ Urgent (24 - 48 hours)
- ☐ 1 - 2 weeks
- ☐ 2 - 4 weeks
- ☐ When convenient

Referring Diagnosis: OD OS OU _____

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

Hermitage
3135 Highland Rd., Ste. A, Hermitage, PA 16148
Phone: 800-476-3129 ◆ Fax: 724-346-4183

Beaver
430 Beaver Valley Mall Blvd., Monaca, PA 15061
Phone: 800-476-3129 ◆ Fax: 724-346-4183