RETINAL CONSULTATION REQUEST

HOUSTON RETINA ASSOCIATES, P.A.

Diseases and Surgery of the Macula, Retina, & Vitreous

Phone: (281) 495 - 2222 Fax: (281) 495 – 2146 www.hretina.com

Office Location:

☐ **Memorial Hermann Southwest**
Medical Plaza 4
7789 Southwest Freeway
Suite 530
Houston, Texas 77074

☐ **Southeast Clear Lake**
561 Medical Center Blvd.
Suite E
Webster, Texas 77598

☐ **Memorial Hermann Katy**
Medical Plaza 1
23920 Katy Freeway,
Suite 575
Katy, Texas 77494

☐ **Memorial Hermann Sugar Land**
17510 West Grand
Parkway South,
Suite 570
Sugar Land, TX 77479

☐ **Methodist Willowbrook**
13300 Hargrave Road,
Suite 480
Houston, Texas 77070

Referring Physician: _____ **Date:** _____

Referring Physician Phone:_____ **Referring Physician Fax:** _____

Patient Name:_____ **Patient Phone:** _____

Insurance: _____

Appointment: Date _____ **Time** _____

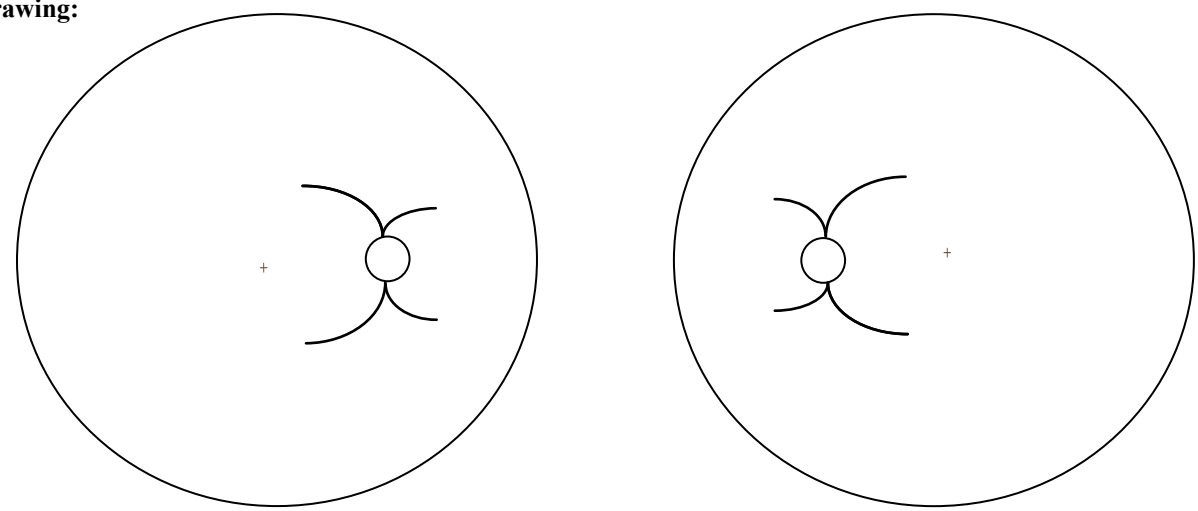
Please call for urgent consultation

☐ **Please call patient to schedule an appointment**

☐ **Patient will call to schedule appointment**

Visual Acuity: 20 / _____ OD 20 / _____ OS

Retinal Drawing:



Reason for Referral/Comments:

_____

_____

_____

If Requesting Ocular Imaging:

☐ Fundus Photography ☐ Fluorescein / ICG Angiography ☐ Ultrasound ☐ OCT (optical coherence tomography)

PLEASE FAX THIS FORM TO THE NUMBER ABOVE OR GIVE THIS FORM TO THE PATIENT TO BRING TO OUR OFFICE. THANK YOU FOR REFERRING TO THE HOUSTON RETINA ASSOCIATES.