

# 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](http://www.hretina.com)

### Office Location:

☐ Memorial Hermann  
Southwest

Medical Plaza 4  
7789 Southwest Freeway  
Suite 530  
Houston, Texas 77074

☐ Memorial Hermann  
Katy

Medical Plaza 1  
23920 Katy Freeway,  
Suite 575  
Katy, Texas 77494

☐ Southeast  
Clear Lake

561 W. Medical Center Blvd.  
Suite E  
Webster, Texas 77598

☐ Memorial Hermann  
Sugar Land

Medical Plaza 1  
17510 West Grand  
Parkway South, Suite 470  
Sugar Land, TX 77479

☐ St. Luke's The Vintage  
Willowbrook

Medical Arts 1 Building  
20207 Chasewood Park Dr.  
Suite 206  
Houston, Texas 77070

☐ Memorial Hermann  
Northeast

Medical Plaza 2  
18980 W. Memorial Dr.  
Suite 410  
Humble, TX 77338

Referring Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Physician Phone: \_\_\_\_\_ Referring Physician Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Appointment: Date \_\_\_\_\_ Time \_\_\_\_\_

*Please call for urgent consultation*

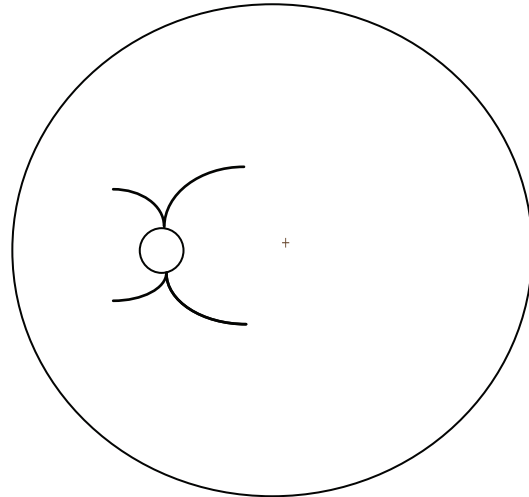
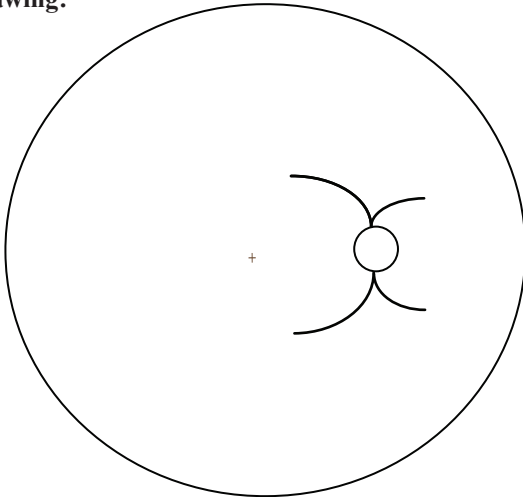
☐ Please call patient to schedule an appointment

☐ Patient will call to schedule appointment

Visual Acuity: 20 / \_\_\_\_\_ OD

20 / \_\_\_\_\_ OS

### Retinal Drawing:



### Reason for Referral/Comments:

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### 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.**