



# UNIVERSITY RETINA

**UNIVERSITY RETINA & MACULA ASSOCIATES, P.C.**

[www.uretina.com](http://www.uretina.com)

*Specializing in Diseases & Surgery of the Retina, Vitreous, & Macula*

## CONSULT FORM

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient Phone** \_\_\_\_\_

**Appointment Date:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ **Time:** \_\_\_\_\_ am/pm

**Ocular History:**

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**Please check:** \_\_\_\_\_ *Retinal Consultation (+/- Diagnostic Testing)*

\_\_\_\_\_ *Diagnostic Testing Only*

### Diagnostic Testing Requested

*Color Photography*

*Fluorescein Angiography (Optional Information: Transit O.D. / Transit O.S.)*

*Optical Coherence Tomography*

*Diagnostic Ultrasonography*

*Other testing* \_\_\_\_\_

**Other Notes:** *(Please indicate any are of special interest on drawing below, if desired.)*

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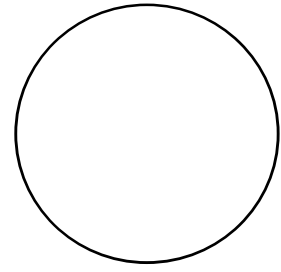
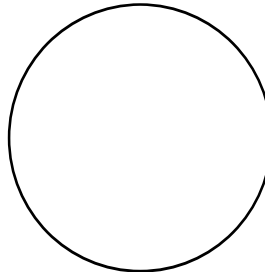
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**Requested By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Fax:** \_\_\_\_\_



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