

# Retina & Vitreous

CONSULTANTS OF WISCONSIN



NICHOLAS H. TOSI, M.D.  
LINCOLN T. SHAW, M.D.  
RAZEK G. COUSSA, M.D. FRCSC

## Retinal Imaging Request Form

Please be sure to fill in all fields, then fax this form to 414-778-3446

Doctor  Dr. Tosi  Dr. Coussa  Dr. Shaw  Any Doctor  
Location  Milwaukee  Greenfield  Mequon  Waukesha  Kenosha

Mr/Mrs/Ms: (Patient) \_\_\_\_\_

Patient Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Email address: \_\_\_\_\_ Preferred method of contact: Home Work Email

Date of Birth: \_\_\_\_\_ (Cell): \_\_\_\_\_

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

Study and Interpretation Requested:  Fluorescein angiography and color photography  Fundus photography  B-Scan Ultrasonography

Diagnosis/Reason for Study: \_\_\_\_\_  
OD: \_\_\_\_\_ OS: \_\_\_\_\_  
OU: \_\_\_\_\_

VISUAL ACUITY: OD: cc OS: cc OD: sc OS: sc OU: sc

Please see this patient within the next \_\_\_\_\_ days / weeks or

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

Doctor's Name: \_\_\_\_\_  
(Please Print)

Practice Name: \_\_\_\_\_

Best Office Contact Number: \_\_\_\_\_

**Please print the form and FAX to 414-778-3446**

For all referrals, our office will contact the patient soon and your office shortly for supporting documentation.

For URGENT referrals to be seen in less than 24 ours, please fax a referral request and immediately call our office 414-774-3484 to expedite transfer of records and care in a timely manner.

<b>MILWAUKEE</b> The Offices at Mayfair 2600 N. Mayfair Rd. Suite 901 Milwaukee, WI 53226	<b>ST. LUKE'S</b> Medical Office Building 2 2801 W. Kinnickinnic River Pkwy. Suite 350 Milwaukee, WI 53215	<b>MEQUON</b> Seton Professional Building 13133 N. Port Washington Rd. Suite 120 Mequon, WI 53097	<b>WAUKESHA</b> Moreland Medical Center 1111 Delafield St. Suite 227 Waukesha, WI 53188	<b>KENOSHA</b> Aurora Health Center 6815 118 <sup>th</sup> Ave. Kenosha, WI 53142	<b>GREENFIELD</b> Loomis Crossing 4300 W Layton Ave. Suite 250 Greenfield, WI 53220
---	--	---	---	--	---