

Consultation Request Fax 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 Mayfair Greenfield Mequon Waukesha Kenosha
 New Berlin

Mr/Mrs/Ms: (Patient) _____

Patient Address: _____

Phone (Home): _____ (Work): _____

Email address: _____ Preferred method of contact: Home Work Email

Date of Birth: _____ (Cell): _____

Medical Insurance: _____

Reason for Consult: _____ OD: OS: OU:

VISUAL ACUITY: OD: cc _____ OD: sc _____
 OS: cc _____ OS: sc _____

This condition has been present for approximately: _____ days / weeks

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 hours, please fax a referral request and immediately call our office
 414-774-3484 to expedite transfer of records and care in a timely manner.

WAUKESHA Stone Ridge Medical Commons N14W23800 Stone Ridge Dr. Suite 310 Waukesha, WI 53188	NEW BERLIN 14300 W National Ave. Suite 100 New Berlin, WI 53151	MAYFAIR The Offices at Mayfair 2600 N. Mayfair Rd. Suite 901 Milwaukee, WI 53226	GREENFIELD Loomis Crossing 4300 W Layton Ave. Suite 250 Greenfield, WI 53220	MEQUON Seton Professional Building 13133 N. Port Washington Rd. Suite 120 Mequon, WI 53097	KENOSHA Aurora Health Center 6815 118th Ave. Kenosha, WI 53142
---	---	---	---	---	--