

Retina & Vitreous

CONSULTANTS OF WISCONSIN



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

Supply Request Form

Fax this form to 414-778-3446

In order to best assist you with the referral process, please inform us of any forms or cards needed from the list below and fax your request to us at 414-778-3446. If you have any questions please call our main office at 414-774-3484 or 1-800-837-3937.

Date: _____

M.D. BUSINESS CARDS

- _____ Nicholas H. Tosi, M.D.
_____ Lincoln T. Shaw, M.D.
_____ Razeq Coussa, M.D. FRCSC

OTHER ITEMS

- _____ Appointment Cards
_____ Consultation Request Fax Form
_____ Retinal Imaging Request Fax Form
_____ Other: _____

Doctor's Name: _____

Practice Name: _____

Address: _____

Best Office Contact Number: _____

THANK YOU!

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 Bldg 13133 N. Port Washington Rd. Suite 120 Mequon, WI 53097	KENOSHA Aurora Health Center 6815 118th Ave. Kenosha, WI 53142
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