

Retina & Vitreous

CONSULTANTS OF WISCONSIN



NICHOLAS H. TOSI, M.D.
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KEVIN ELWOOD, M.D.

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 ☐ Dr. Elwood ☐ Any Doctor

Location ☐ Milwaukee ☐ Greenfield ☐ Mequon ☐ Waukesha ☐ Kenosha ☐ New Berlin ☐ Germantown

Mr/Mrs/Ms: (Patient) _____

Patient Address: _____

Phone (Home): _____ (Work): _____

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

Date of Birth: _____ (Cell): _____

Medical Insurance: _____

Primary Care Doctor: _____

Reason for Consult: _____ OD: ☐ OS: ☐ OU: ☐

VISUAL ACUITY: OD: cc OS: cc
OD: sc 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.

MILWAUKEE
The Offices at Mayfair
2600 N. Mayfair Rd.
Suite 901
Milwaukee, WI 53226

MEQUON
Seton Professional Building
13133 N. Port Washington Rd.
Suite 120
Mequon, WI 53097

WAUKESHA
Moreland Medical Center
1111 Delafield St.
Suite 227
Waukesha, WI 53188

KENOSHA
Aurora Health Center
6815 118th Ave.
Kenosha, WI 53142

GREENFIELD
Loomis Crossing
4300 W Layton Ave.
Suite 250
Greenfield, WI 53220

NEW BERLIN
14300 W National Ave.
Suite 100
New Berlin, WI 53151

GERMANTOWN
N96W17035 Division Rd.
Suite 25
Germantown, WI 53022