



CONSULTATION REQUEST

The Retina Group

Phone: 614-464-3937
Toll Free: 800-824-6320
Fax: 614-464-0088
TheRetinaGroup.com

Patient's Name: _____

Appointment: _____
Date Time

At Location:

- | | |
|--|--|
| <input type="checkbox"/> 262 Neil Ave #220, Columbus | <input type="checkbox"/> 2935 Maple Ave, Zanesville |
| <input type="checkbox"/> 3769 Columbus Pike (US 23)
Suite 250, Delaware | <input type="checkbox"/> 50 McNaughten Rd. #101,
Columbus |

Requesting:

- | | |
|--|---|
| <input type="checkbox"/> E. Mitchel Opremcak, MD | <input type="checkbox"/> Chet D. Ridenour, DO |
| <input type="checkbox"/> Alan J. Rehmar, MD | <input type="checkbox"/> Chirag C. Patel, MD |

Please evaluate patient for:

- | | |
|---|---|
| <input type="checkbox"/> Artery/Vein Occlusion | <input type="checkbox"/> Retinal Detachment |
| <input type="checkbox"/> Diabetes Evaluation | <input type="checkbox"/> Retinal Tear |
| <input type="checkbox"/> Macular Abnormalities | <input type="checkbox"/> Uveitis |
| <input type="checkbox"/> Age-Related Macular Degeneration | |
| <input type="checkbox"/> Other: _____ | |

Referring Doctor: _____

Date Referred: _____

Dear Patient, thank you for choosing The Retina Group. Please bring this form, your insurance card(s) and a picture ID to your scheduled appointment.