**The Retina Center of Western Colorado**

**William J. Waterhouse, MD Jonathan D. Harder, DO C. Kiersten Pollard, MD**

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Please fill in as much information as possible and FAX to 970 255 7076. We will contact the patient and return this form to you as confirmation.

PT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING CITY STATE ZIP

REFERRING DOCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOCTOR’S PHONE: \_\_\_\_\_\_\_\_\_\_\_\_

SUSPECTED PROBLEM (Please circle all that apply) RIGHT LEFT

MACULAR DEGENERATION: WET DRY INDETERINATE

DIABETIC RETINOPATHY EDEMA RETINAL DETACHMENT

RETINAL TEARS FLASHES AND FLOATERS LATTICE

MACULAR HOLE EPIRETINAL MEMBRANE VEIN OCCLUSION

PRE CATARACT/LASIK EXAM OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOUND ON ROUTINE EXAM? YES NO DIABETIC? YES NO

HOW LONG HAS VISION BEEN REDUCED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Va OD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Va OS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ IOP: OD \_\_\_\_\_\_ OS \_\_\_\_\_\_

INSURANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT’S APPOINTMENT AT THE RETINA CENTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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