**The Retina Center of Western Colorado**

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

 2478 Patterson Road #7 Grand Junction CO 81505

 Phone: (970) 255 7065 FAX: (970) 255 7076

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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