AUSTIN RETINA ASSOCIATES

C. Armitage Harper, III, M.D. ☐
Jose Agustin Martinez, M.D. ☐
James W. Dooner, M.D. ☐
Mark Levitan, M.D. ☐
Peter A. Nixon, M.D. ☐
Robert W. Wong, M.D. ☐
Shelley Day Ghafoori, M.D. ☐
Ryan C. Young, M.D. ☐
Philip P. Storey, M.D. ☐

Patient Referral Form

PATIENT NAME: _____ DOB: _____ CELL #: _____

DATE EXAMINED: _____ REFERRING PHYSICIAN: _____

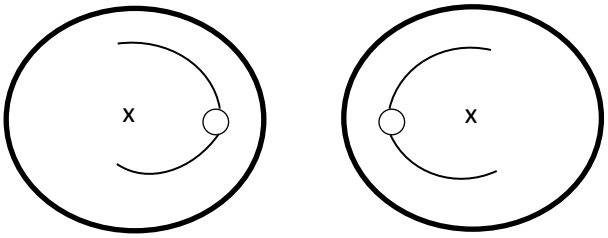
BRIEFLY STATE THE REASON FOR THE REFERRAL

_____

_____

_____

PLEASE DIAGRAM AREAS OF CONCERN



VA: cc / sc OD:_____ OS:_____ IOP: OD:_____ OS:_____

DIAGNOSIS

☐ Wet AMD	RT	LT
☐ Dry AMD	RT	LT
☐ RVO/RAO	RT	LT
☐ Retinal Hole/Tear/ Detachment	RT	LT
☐ Epiretinal Membrane	RT	LT
☐ Diabetic Retinopathy	RT	LT
☐ Vitreous Hemorrhage	RT	LT
☐ Macular Hole	RT	LT
☐ PVD	RT	LT
☐ Other:_____	RT	LT

☐ TESTING ONLY

If testing only please check the box above and include ICD-10 code

ICD-10 Code: _____

- ☐ Fundus Photography
- ☐ Fluorescein Angiography
- ☐ B-Scan
- ☐ A-Scan/UBM (38th Street Office Only)
- ☐ Automated Visual Fields (38th Street Office Only)
- ☐ OCT Macular Scan
- ☐ OCT Optic Nerve Head Scan
- ☐ Research Study Consideration
- ☐ Other:_____

Please provide an email address to send results to:

_____

REQUESTED APPT. TIMEFRAME

- ☐ Immediately (please call us directly)
- ☐ Within 48 hours
- ☐ Within 1 week
- ☐ Within 1 month
- ☐ When patient prefers
- ☐ Other:_____

LOCATION

- ☐ Main
- ☐ South
- ☐ Round Rock
- ☐ Satellite:

_____

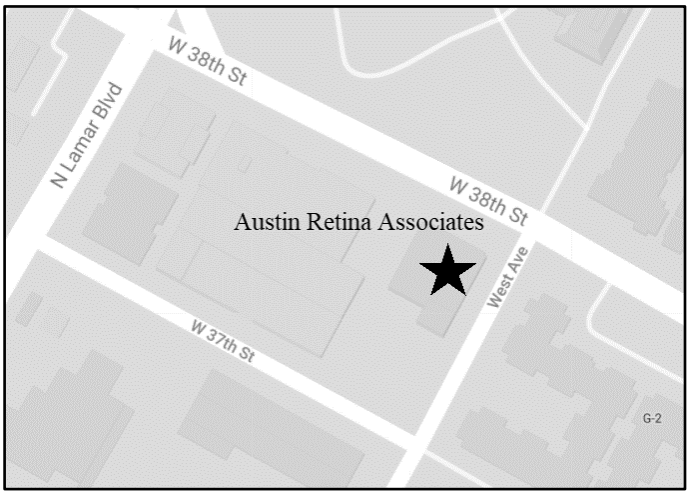
PATIENT INSTRUCTIONS

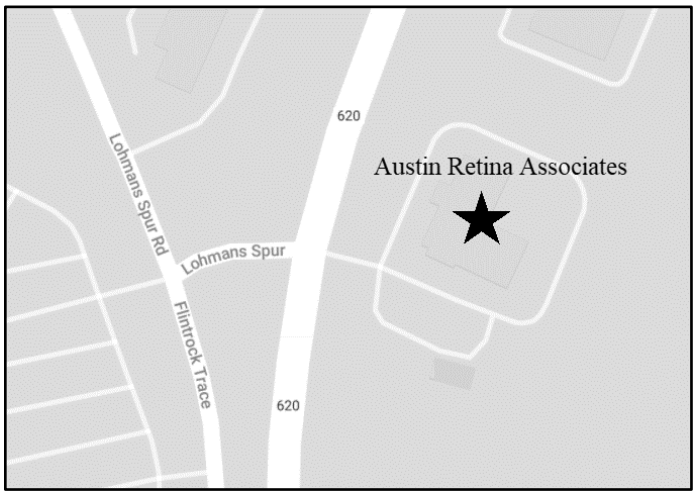
Please bring this form, along with:

- Glasses and eye drops
- List of current medications

Your eyes will be dilated so please arrange for transportation. Your first visit will be very thorough so we kindly request that you plan to be at our office for 2-3 hours.

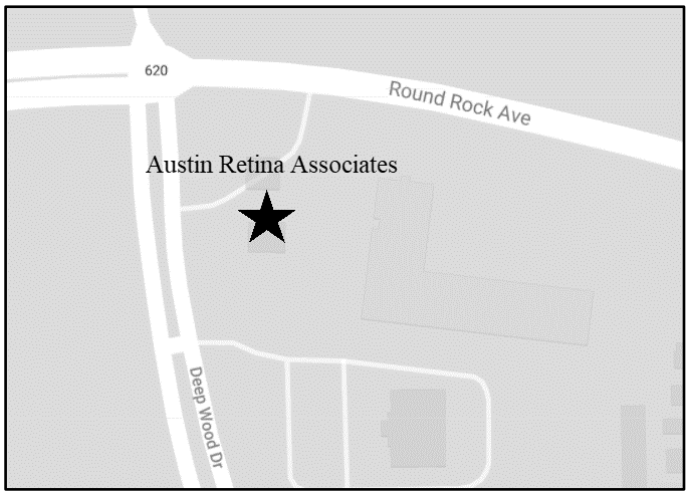
Locations

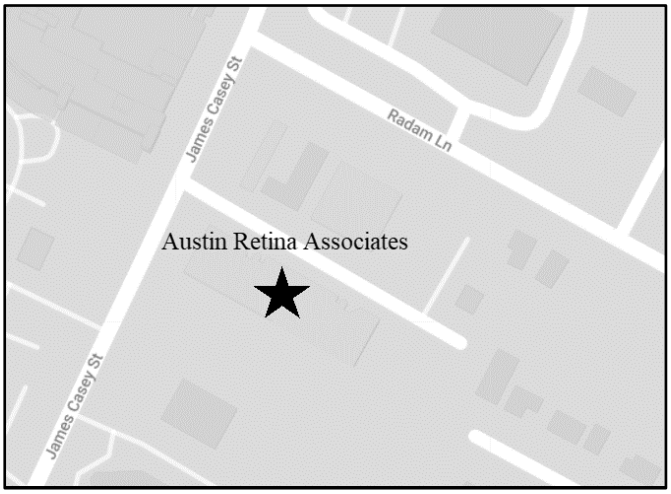




Central Austin
801 West 38th St., #200
Austin, TX 78705
P: (512) 451-0103
F: (512) 451-2741

Lakeway
2501 Ranch Rd. 620 S., #130
Austin, TX 78734
P: (512) 451-0103
F: (512) 2451-2741





Round Rock
1545 Round Rock Ave., #200
Round Rock, TX 78681
P: (512) 610-2820
F: (512) 248-2144

South Austin
4207 James Casey St., #301
Austin, TX 78745
P: (512) 610-2830
F: (512) 383-8335

Free parking at all locations ● www.austinretina.com