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.

www.austinretina.com

Please send this form via fax (512-451-2741) in advance of the patient's scheduled appointment, or ask them to bring it on the day of appointment. New patient forms can be filled out and printed from our website. Patients should also bring their **distance viewing glasses and all eye drops.**

PATIENT NAME: _____ DOB: _____ CELL #: _____

DATE EXAMINED: _____ REFERRING PHYSICIAN: _____

☐ Consult Request

My patient has an appointment for retina consult on date: _____with:

- ☐ **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.**

I am sending this patient to you for assistance with their care. Please evaluate the following problem(s) or condition(s) and consider treatment as appropriate. I look forward to receiving your opinion and advice regarding their care and will resume general care following your consultation.

VA: cc / sc OD: _____ OS: _____ Best corrected OD: _____ OS: _____

_____

_____

_____

Signed: _____ ☐ Verbal request

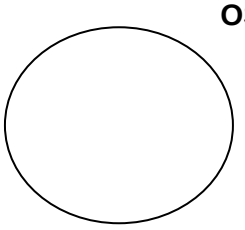
[Referring Doctor]

☐ Testing Only

ICD-10 Code: _____

- ☐ Fundus Photography
- ☐ Fluorescein Angiography
- ☐ B-Scan / Ultrasound (Austin)
- ☐ Automated Visual Fields
- ☐ Goldmann Visual Fields
- ☐ OCT Macular Scan
- ☐ OCT Optic Nerve Head Scan
- ☐ Research Study Consideration
- ☐ Other: _____

OD **OS**

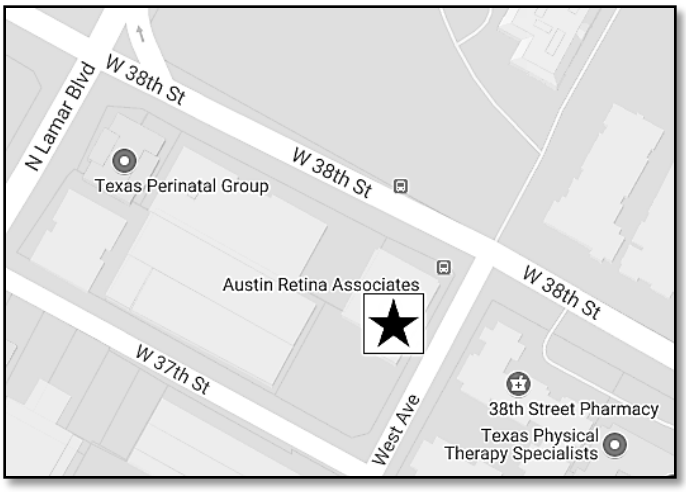


Signed: _____ ☐ Verbal request

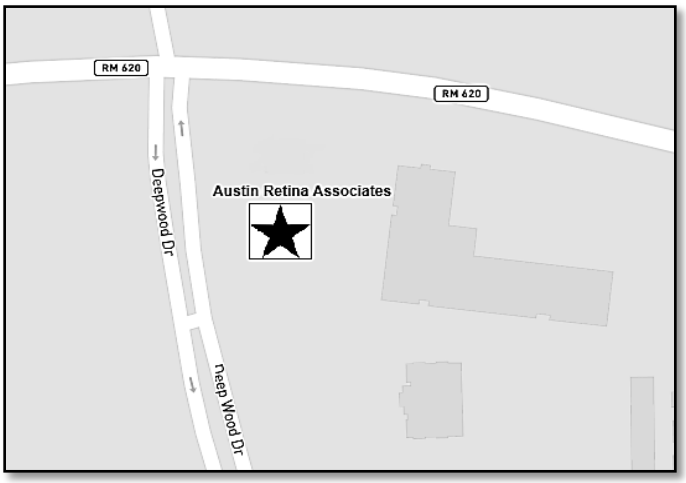
[Referring Physician]

Locations

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



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