



**RETINA CONSULTANTS
OF NEVADA**

Diseases and Surgery of the Retina and Vitreous

PATIENT REFERRAL FORM

Date _____ DOB _____

Patient Name _____

Phone (Home) _____ Work _____

Insurance Company _____

Insured Person _____

Authorization No. _____

Authorized By _____

Referring Doctor _____

Address _____

Telephone _____

Referral for Retinal Consultation

→ **EXAM RESULTS**

Phone Letter Fax

Provide fax number below:

→ **DIAGNOSIS**

Macular Degeneration Diabetic Retinopathy Flashes / Floaters
 Retinal Detachment Retinal Tear Unexplained Visual Loss
 Other _____

→ **AUTHORIZATION**

I, _____ authorize
release of all records pertaining to my care from my referring physician to
Retina Consultants of Nevada.

Signature _____ Date _____

→ **YOUR APPOINTMENT**

is on _____ with

Dr. Simon Dr. Parker Dr. Hollifield Dr. Loo Dr. Thach
 Dr. Yepremyan Dr. Wickens Dr. Pezda Dr. Liu

PLEASE BRING FORM WITH YOU TO YOUR APPOINTMENT

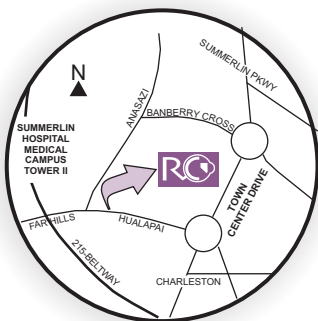
**(702) 369-0200
(800) 228-5810**

OUR LOCATIONS

☐ SUMMERLIN OFFICE

(702) 369-0200

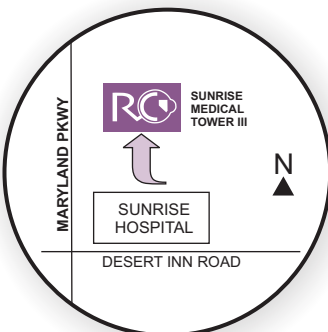
(702) 369-4143 Fax
653 N. Town Center Dr.
Suite 518
Las Vegas, NV 89144



☐ EAST SIDE OFFICE

(702) 369-0200

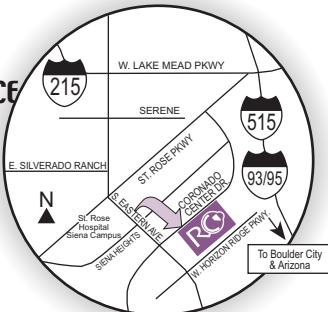
(702) 951-6010 Fax
3006 S. Maryland Pkwy.
Suite 710
Las Vegas, NV 89109



☐ GREEN VALLEY OFFICE

(702) 369-0200

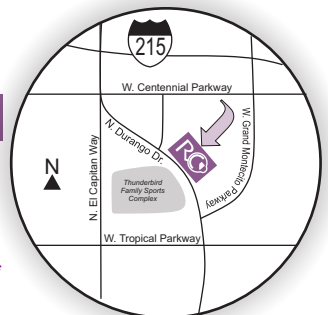
(702) 851-9447 Fax
710 Coronado Center Dr.
Suite 201
Henderson, NV 89052



☐ CENTENNIAL OFFICE

(702) 369-0200

(702) 851-9447 Fax
6220 N Durango Dr.
Las Vegas, NV 89149



Open on April 3, 2017

REMINDERS WHEN VISITING OUR OFFICE

- Plan on being in our office 2 hours
- Your eyes will be dilated
- Arrange to have a driver
- Bring a list of all medications
- Bring all Insurance cards (Medicare card)
- Bring glasses, contacts and contact case.

PLEASE BRING FORM WITH YOU TO YOUR APPOINTMENT

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