

ASSOCIATED RETINAL CONSULTANTS, P.C.

Diseases and Surgery of the Retina and Vitreous

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 Adam J. Weiner, M.D.

Patient Name: _____ Date: _____

Patient Date of Birth: _____ Patient Phone No.: _____

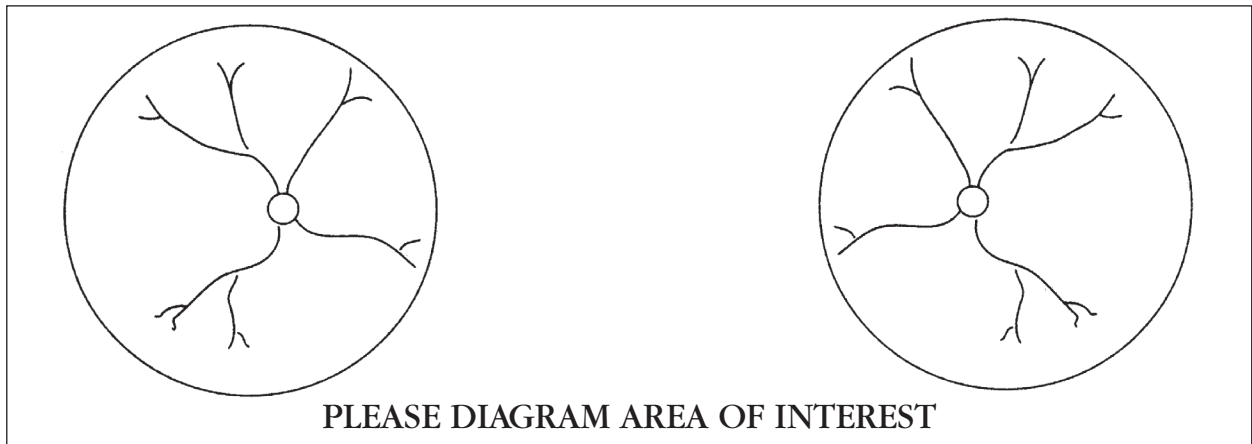
Referred By: _____

Referring Physician Phone No.: _____ VA: OD _____ OS _____

Diagnosis/Reason For Referral: _____

Retinal Consultation

- Retinal Consultation with Diagnostic Test If Indicated
- Retinal Consultation Only
- Fluorescein Angiography OD _____ OS _____ OU _____ Transit? _____
- Color Photographs OD _____ OS _____ OU _____
- Indocyanine Green Angiography OD _____ OS _____ OU _____ Transit? _____
(Royal Oak & Traverse City Offices Only)
- OCT OD _____ OS _____ OU _____
- Diagnostic Ultrasound



Preferred Location

- | | | |
|--|--|---|
| <input type="checkbox"/> East China (248) 288-2280 | <input type="checkbox"/> Livonia (734) 464-2300 | <input type="checkbox"/> Royal Oak (248) 288-2280 |
| <input type="checkbox"/> Fort Gratiot (248) 288-2280 | <input type="checkbox"/> Norton Shores . . . (231) 733-7832 | <input type="checkbox"/> St. Clair Shores . . (586) 552-2092 |
| <input type="checkbox"/> Gaylord (989) 448-0937 | <input type="checkbox"/> Petoskey (231) 439-9230 | <input type="checkbox"/> Traverse City (231) 938-0710 |
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| <input type="checkbox"/> Lansing Area (734) 572-1200 | <input type="checkbox"/> Rochester (248) 652-7400 | <input type="checkbox"/> Ypsilanti (734) 572-1200 |