



# Retina Consultants of Houston

## DISEASES AND SURGERY OF THE RETINA AND VITREOUS

### CONSULTATION REQUEST

In order to facilitate your patient's care and to speed communication back to you, we request taking a moment to fill out the following. Please fax this form to our office and give a copy to the patient to bring to their appointment.

**MATTHEW S. BENZ, MD**  
**DAVID M. BROWN, MD FACS**  
**ERIC CHEN, MD**  
**RICHARD H. FISH, MD FACS**  
**CHRISTOPHER R. HENRY, MD**  
**ROSA Y. KIM, MD**  
**JAMES C. MAJOR JR., MD PhD FACS**  
**RONAN E. O'MALLEY, MD FACS FRCSI**  
**AMY C. SCHEFLER, MD FACS**  
**ANKOOR R. SHAH, MD**  
**TIEN P. WONG, MD**  
**CHARLES C. WYKOFF, MD PhD FACS**

**MEDICAL CENTER**  
 Texas Medical Center  
 6560 Fannin, Ste. 750  
 Houston, TX 77030

**1960 AREA / PEAKWOOD**  
 800 Peakwood Drive, Ste. 1C  
 Houston TX 77090

**BRENHAM**  
 Bluebonnet Center  
 2620 Highway 36 South  
 Brenham, TX 77833

**CHINATOWN 唐人街**  
 Dynasty Plaza  
 9600 Bellaire Blvd., Ste. 211  
 Houston, TX 77036

**KATY / CINCO RANCH**  
 LaCenterra at Cinco Ranch - Building G-H  
 23501 Cinco Ranch Blvd., Ste. G205  
 Katy, TX 77494

**KINGWOOD**  
 Kingwood Medical Arts Building  
 350 Kingwood Medical Drive, Ste. 200  
 Kingwood, TX 77339

**LIVINGSTON**  
 Livingston Professional Plaza  
 400 Bypass Lane, Ste. 105  
 Livingston, TX 77351

**LUFKIN**  
 2906 Brentwood Drive, Ste. 300  
 Lufkin, TX 75901

**MEMORIAL**  
 Professional Building 1  
 902 Frostwood, Ste. 280  
 Houston, TX 77024

**NORTHWEST / CYPRESS**  
 North Cypress Medical Center  
 21216 Northwest Fwy., Ste. 630  
 Cypress, TX 77429

**SPACE CENTER / PASADENA**  
 11460 Space Center Blvd., Ste. 2  
 Houston, TX 77059

**SUGAR LAND**  
 Methodist Medical Office Building 3  
 16605 Southwest Fwy., Ste. 305  
 Sugar Land, TX 77479

**THE WOODLANDS**  
 Medical Arts Center II  
 17350 St. Luke's Way, Ste. 120  
 The Woodlands, TX 77384

**WHARTON**  
 Wharton Eye Associates  
 10119 US Highway 59, Suite 4  
 Wharton, TX 77488

**REFERRING DOCTOR INFORMATION**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_ NPI # \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

PATIENT PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

D.O.B. \_\_\_\_\_ VA: O.D. 20/ \_\_\_\_\_ O.S. 20/ \_\_\_\_\_

INSURANCE \_\_\_\_\_

GUARANTOR NAME \_\_\_\_\_

HISTORY AND DIAGNOSIS \_\_\_\_\_

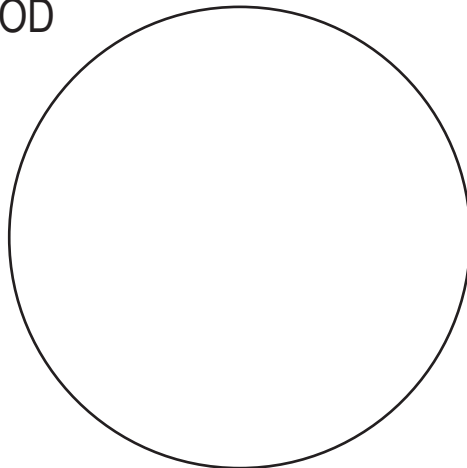
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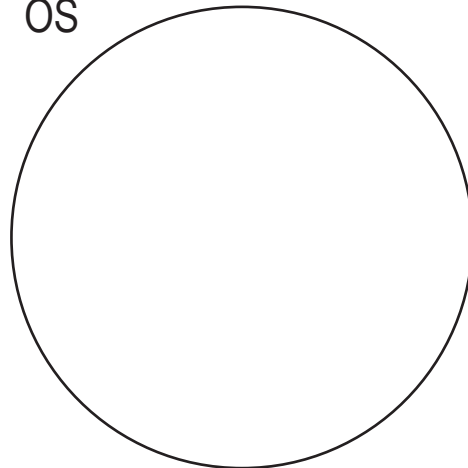
SPECIAL INSTRUCTIONS \_\_\_\_\_

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[www.houstonretina.com](http://www.houstonretina.com) 713.524.3434 or 800.833.5921

**CENTRAL SCHEDULING FAX: 713-513-5613**