WASHINGTON RETINA

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Please FAX this form to 253-275-9000 or EMAIL it to frontdesk@WAretina.com
Please provide a copy of the patient's most recent office visit, if possible.

Today's Date: _____

Patient Name: _____ DOB:_____

Patient Phone: _____ Insurance:_____

Diagnosis

- ☐ Dry AMD
- ☐ Wet AMD
- ☐ Diabetic Retinopathy
- ☐ BRVO/CRVO
- ☐ Vitreous Hemorrhage
- ☐ Other: _____
- ☐ Retinal Tear
- ☐ Retinal Detachment
- ☐ Flashes/Floaters/PVD
- ☐ Epiretinal Membrane
- ☐ Macular Hole
- ☐ Uveitis

Appointment Timeframe

☐ Today/Tomorrow (Please call office) ☐ <1 Week ☐ <1 Month ☐ Next Available

Location

☐ **Renton**
East Pavilion
4009 Talbot Road S #200
Renton, WA 98055

☐ **Auburn**
Davis Professional Center
125 3rd St NE #200
Auburn, WA 98002

☐ **Tacoma**
Allenmore Building B
1901 S. Union Ave #5004
Tacoma, WA 98405

Pertinent Findings: Va OD: 20/_____ OS: 20/_____

_____

_____

Referring Doctor: _____

Office Phone: _____ Fax:_____

Washington-Retina.com
Phone: 253-275-1000
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