

# Nevada Retina Associates

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Dr. Nielsen       Dr. Friedlander       Fax Referral

Date: \_\_\_\_\_ Appt. Date: \_\_\_\_\_ Reno Carson In Computer: \_\_\_\_\_  
(Initial)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(First) (Last)

Existing Pt:  Yes  No Last Seen: \_\_\_\_\_ Chart Ordered - Warehouse

Primary Ins.: \_\_\_\_\_ Secondary Ins.: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ Cell Ph/Other #: \_\_\_\_\_

Address: \_\_\_\_\_

Referring M.D.: Last \_\_\_\_\_ First: \_\_\_\_\_ MD OD \_\_\_\_\_  
(Circle one) (Specialty)

Speaking To: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Call Taken By: \_\_\_\_\_ Requested referral notes:   
Insurance cards:   
Demographics:  Translator Required:

## FOR TECHNICIAN USE ONLY:

Pt. to be seen for: \_\_\_\_\_

Vision: OD 20/ \_\_\_\_\_ OS 20/ \_\_\_\_\_ CC or SC  
(Circle one)

Affected Eye: OD OS OU

Schedule Within: \_\_\_\_\_ Procedures: \_\_\_\_\_

Tech Triaging Call: \_\_\_\_\_ M.D. Review: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Diagnosis:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 361.00 Retinal Detachment | <input type="checkbox"/> 379.23 Vitreous Hemorrhage                 | <input type="checkbox"/> 224.6 Choroidal Nevus    |
| <input type="checkbox"/> 361.32 Retinal Tear       | <input type="checkbox"/> 362.01 Diabetic Retinopathy, background    | <input type="checkbox"/> 362.54 Macular Hole      |
| <input type="checkbox"/> 379.21 Floaters PVD       | <input type="checkbox"/> 362.02 Diabetic Retinopathy, proliferative | <input type="checkbox"/> 190.6 Choroidal Melanoma |
| <input type="checkbox"/> 362.81 Retinal Hemorrhage | <input type="checkbox"/> 362.35 Central Retinal Vein Occlusion      | <input type="checkbox"/> 362.56 Macular Pucker    |
| <input type="checkbox"/> 362.52 Wet ARMD           | <input type="checkbox"/> 362.36 Branch Retinal Vein Occlusion       | <input type="checkbox"/> 360.01 Endophthalmitis   |
| <input type="checkbox"/> 362.51 Dry ARMD           | <input type="checkbox"/> 362.32 Branch Retinal Artery Occlusion     | <input type="checkbox"/> Other: _____             |

New Patient Packet Sent: \_\_\_\_\_ Date/Initial: \_\_\_\_\_