



RETINA

INSTITUTE OF
ILLINOIS

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Diseases & Surgery of the Retina, Macula, and Vitreous

Retina Consultation Request Form

PATIENT'S NAME

DATE OF BIRTH

DATE

REFERRING PHYSICIAN

REFERRING PHYSICIAN PHONE

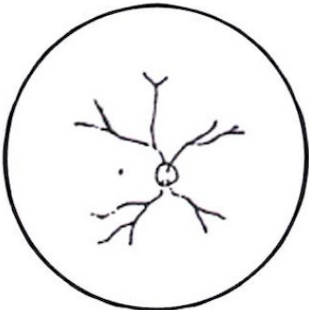
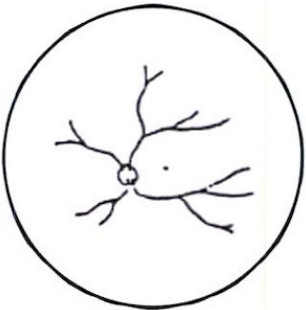
RETINAL CONSULTATION

- ☐ CONSULTATION ONLY
☐ CONSULTATION WITH FLUORESCEIN ANGIOGRAPHY
☐ CONSULTATION WITH TREATMENT

PHOTOGRAPHIC STUDY DESIRED

- ☐ FLUORESCEIN ANGIOGRAPHY
☐ COLOR PHOTOGRAPHS ONLY
☐ INDOCYANINE GREEN ANGIOGRAPHY (ICG)
☐ ULTRASONOGRAPHY
☐ OPTICAL COHERENCE TOMOGRAPHY (OCT)
☐ VISUAL FIELD

INDICATE AREA OF CONCENTRATION IN EARLY PHASE OF FLUORESCEIN ANGIOGRAM

	OD	OS	
Early ☐			☐ Early
Late ☐			☐ Late

PATIENT HISTORY AND RELEVANT OPHTHALMIC DATA

VISUAL ACUITY OD _____ OS _____

FAX THIS FORM AND THE MOST RECENT EXAM NOTES TO (847) 592-7600.

Chicago

2326 W. Foster
Suite 100
Chicago, IL 60625

Crystal Lake

820 E. Terra Cotta
Suite 247
Crystal Lake, IL 60014

Elgin

1435 N. Randall Rd.
Suite 401
Elgin, IL 60123

Gurnee

36100 Brookside Dr.
Suite 206
Gurnee, IL 60031

Huntley

12030 Princeton Dr.
Huntley, IL 60142

Lombard

130 S. Main Street
Suite 303
Lombard, IL 60148

Niles

8780 W. Golf
Suite 304
Niles, IL 60714

Oak Park

715 Lake St.
Suite 120
Oak Park, IL 60301

St. Alexius Medical Center

1585 N. Barrington Rd.
Doctor's Building Two
Suite 404
Hoffman Estates, IL 60194