



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 would request taking a moment to fill out the following. Please give this form to the patient and have them bring it with them to their appointment.

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Houston, TX 77030
713-524-3434

BELLAIRE
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6750 West Loop South, Suite 1060
Bellaire, TX 77401
713-521-0555

WOODLANDS
Medical Arts Center II
17350 St. Luke's Way, Suite 120
The Woodlands, TX 77384
936-273-6620

1960 AREA
Nanes Professional Bldg.
17030 Nanes Dr. Suite 214
Houston, TX 77090
281-587-1987

KATY
LaCenterra Shopping Center
23501 Cinco Ranch Blvd., Suite G205
Katy, TX 77494
281-394-7959

MEMORIAL
Professional Bldg 1
902 Frostwood, Suite 280
Houston, TX 77024
832-358-9306

SUGAR LAND
Methodist Medical Office Bldg 3
16605 Southwest Freeway, Suite 305
Sugar Land, TX 77479
281-494-5995

NORTHWEST / CYPRESS
North Cypress Medical Center
21216 Northwest Fwy, Suite 630
Cypress, TX 77429
281-970-9660

LIVINGSTON
Livingston Professional Plaza
400 Bypass Ln, Suite 105
Livingston, TX 77351
936-327-8733

BRENHAM
Bluebonnet Center
2620 Hwy 36 South
Brenham, TX 77833
979-836-2187

REFERRING DOCTOR INFORMATION

NAME _____ PHONE # _____

FAX # _____ UPIN # _____

PATIENT NAME _____ DATE _____

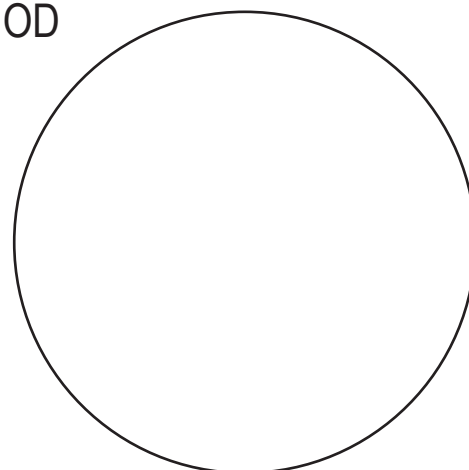
AGE _____ VA: O.D. 20/ _____ O.S. 20/ _____

INSURANCE _____

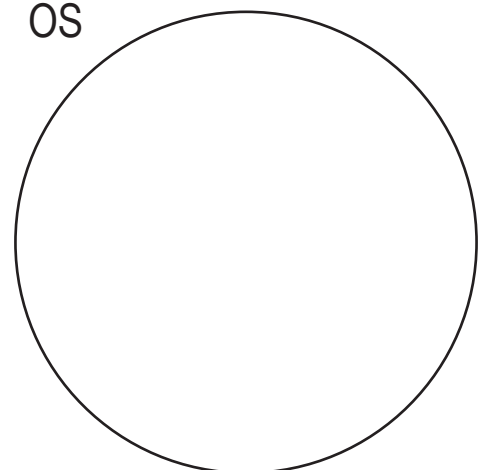
HISTORY AND DIAGNOSIS _____

SPECIAL INSTRUCTIONS _____

OD



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www.houstonretina.com 713.524.3434 or 800.833.5921

MAIN FAX 713.524.3220