



Frederick H. Reeser, M.D.  
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## ULTRASONOGRAPHY/OPTICAL COHERENCE TEST (OCT) REQUEST

**STAT REPORT REQUESTED**

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DOCTOR REQUESTING SERVICES

### STUDY DESIRED:

1. B scan ultrasound with interpretation, plus patient examination  
 2. B scan ultrasound with interpretation  
 3. OCT with interpretation, plus patient exam  
 4. OCT with interpretation

If exam is required, examination to be scheduled with:  Dr. Reeser  Dr. Hershey  Dr. Raja

### RELEVANT OPHTHALMIC DATA:

OD:  
OS:

### DIAGNOSIS:

OD:  
OS:

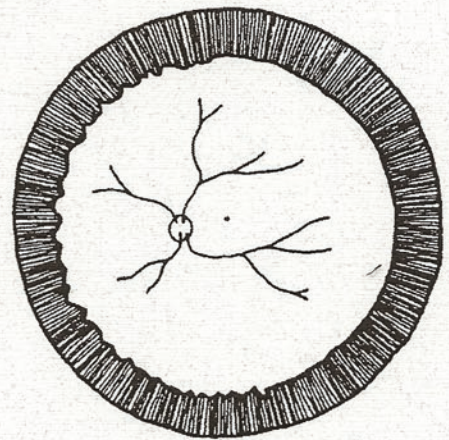
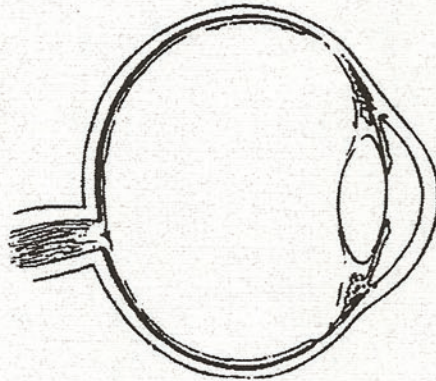
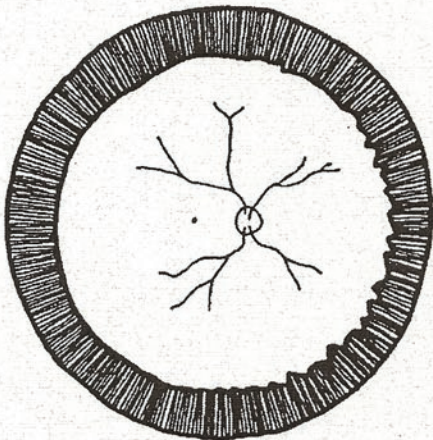
### VISUAL ACUITY:

OD:  
OS:

### INDICATE AREA OF CONCENTRATION:

OD

OS



### IMPRESSION:

Desired Office Location for Study:

- MAYFAIR MALL - NORTH TOWER / 2600 NORTH MAYFAIR ROAD / SUITE 901 / MILWAUKEE, WI 53226 / 414-774-3484  
 ST. LUKE'S PHYSICIAN OFFICE BLDG. / 2801 WEST KINNICKINNIC RIVER PKWY. / SUITE 350 / MILWAUKEE, WI 53215 / 414-649-4660  
 SETON PROFESSIONAL BLDG. OZAUKEE / 13133 N. PORT WASHINGTON RD / SUITE 120 / MEQUON, WI 53097 / 262-240-0457  
 MORELAND MEDICAL CENTER / 1111 DELAFIELD STREET / SUITE 227 / WAUKESHA, WI 53188 / 262-524-9323  
 RENAISSANCE PLAZA / 4351 WEST COLLEGE AVENUE / SUITE 220 / APPLETON, WI 54914 / 920-832-4545  
 AURORA HEALTH CENTER / 10400 75TH STREET / KENOSHA, WI 53142 / 262-948-6610

**TO SCHEDULE CALL: (414) 778-3455 OR 1(800) 837-3937 OR FAX TO: (414) 778-3446**