RETINA & VITREOUS CONSULTANTS OF WISCONSIN LTD.
MEDICAL AND SURGICAL TREATMENT OF THE RETINA AND VITREOUS

Frederick H. Reeser, M.D.
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❑ Dr. Hershey ❑ Seton-Ozaukee ❑ Appleton ❑ Waukesha
❑ Dr. Raja

CONSULTATION REQUEST FORM

MR./MS.: (PATIENT) _____

PATIENT ADDRESS: _____

PHONE (Home): _____ (Work): _____

DATE OF BIRTH: _____

MEDICAL INSURANCE: _____

REGARDING: _____

_____

_____

_____

VISUAL ACUITY: OD: $\overline{cc}$ OD: $\overline{sc}$

OS: $\overline{cc}$ OS: $\overline{sc}$

THIS CONDITION HAS BEEN PRESENT FOR APPROXIMATELY: _____

PLEASE SEE THIS PATIENT WITHIN THE NEXT _____ DAYS/WEEKS

❑ PATIENT HAS AN APPOINTMENT ON _____

DATE _____ DOCTOR'S SIGNATURE _____

DOCTOR'S NAME _____
(Please Print)

Please mail to: 2600 N. Mayfair Road, Suite 901, Milwaukee, Wisconsin 53226 or
if faxing, fax this sheet to: 414-778-3446