

# Retinaassociates.

retinadoc.com

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Sajak Pavilion  
2002 Medical Parkway  
Suite 450  
Annapolis, MD 21401  
tel: 410.224.6680

Bowie  
AAMC Building  
4175 N. Hanson Court  
Suite 200  
Bowie, MD 20716  
tel: 301.262.0002

Glen Burnie  
Empire Tower  
7310 Ritchie Hwy  
Suite 612  
Glen Burnie, MD 21061  
tel: 410.766.8090

Columbia  
6350 Stevens Forest Road  
Suite 101  
Columbia, MD 21045  
tel: 410.997.4443

Silver Spring  
The Montgomery Center  
8630 Fenton Street  
Suite 410  
Silver Spring, MD 20910  
tel: 301.565.1651

Kent Island  
AAMC Building  
1630 Main Street  
Suite 210  
Chester, MD 21619  
tel: 410.604.2179

## Request For Consultation

Patient Name: \_\_\_\_\_

Patient's Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

**(Print)**

*Dear Retina Associates:*

*I am sending this patient to you for assistance with his/her care. Please evaluate this patient's problem(s) or condition(s) (describe)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*and consider treatment as appropriate. I look forward to receiving your opinion and advice regarding care of this patient, and will resume general care following your consultation.*

Signed: \_\_\_\_\_

**(Referring Doctor)**

Please have the patient scheduled:  same day  
 next day  within 1 week  within 2 weeks

**Please check the following methods of communication you prefer:**

Mail report to the following location:  
\_\_\_\_\_

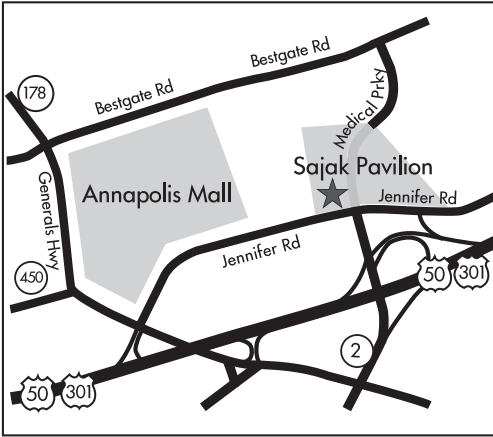
Call referring Doctor with results.

Fax report to \_\_\_\_\_

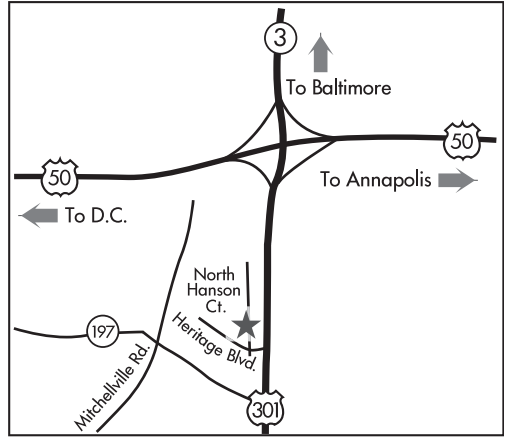
**(Fax Number)**

**Please fax this form to (410)224-4620/Montgomery County (301)565-1654 in advance of the patient's scheduled appointment, and ask the patient to bring this form on the day of the appointment. Thank you.**

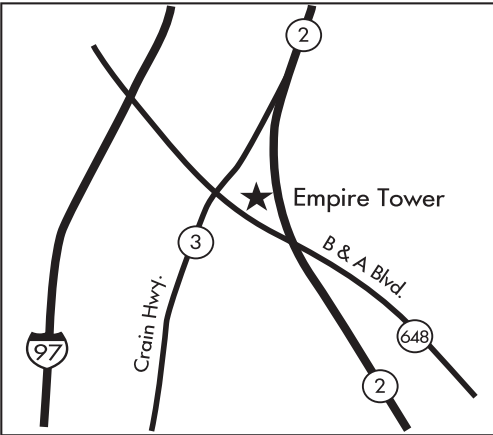
### ANNAPOLIS



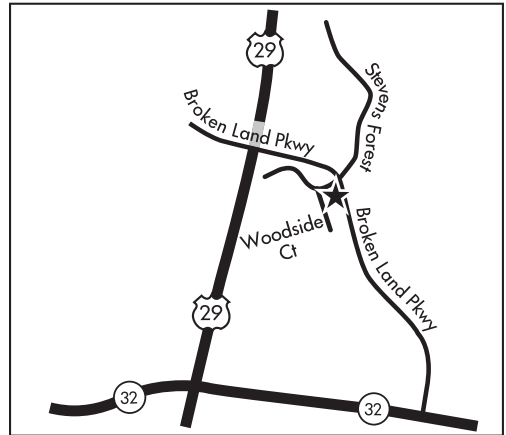
### BOWIE



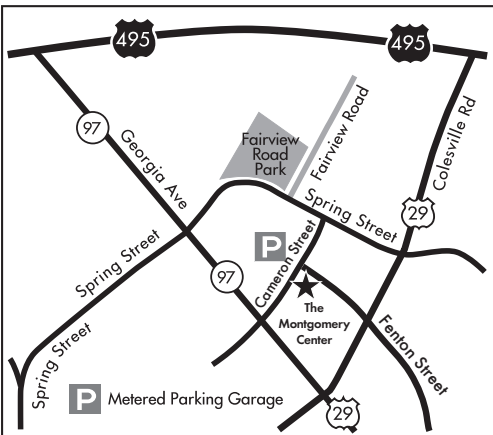
### GLEN BURNIE



### COLUMBIA



### SILVER SPRING



### KENT ISLAND

