



RETINA NORTHWEST

NEW PATIENT SCHEDULING WORKSHEET

Date: _____

Doctor:

Please circle one

ANY DOCTOR

Time: _____

Dr. Dreyer Dr. Lee Dr. Ma Dr. Patel Dr. Peters Dr. Tlucek

Locations:

- ___ Lake Oswego – 9 Monroe Pkwy., Suite 150 Lake Oswego, OR 97035-8863
- ___ Providence – 5050 NE Hoyt St., Suite 421 Portland, OR 97213-2984
- ___ St. Vincent – 9135 SW Barnes Rd., Suite 661 Portland, OR 97225-6683
- ___ Sylvan – 5440 SW Westgate Dr., Suite 217 Portland, OR 97221-2421
- ___ Vancouver – 120 NE 136th Ave., Suite 240 Vancouver, WA 98684-6951

Referring Physician Dr. _____ MD
OD
DO Phone: (____) _____

If this patient needs to be seen as an emergency (today or tomorrow) – please call 503-274-2121

Scheduling Urgency: URGENT: 2-3 Days
Non-Urgent: 7+ Days Spoke with: _____
Other time frame:
(Please specify): _____

Please circle one

Patient Name _____

Address _____

HOME
WORK
CELL

Phone (____) _____

HOME
WORK
CELL

Phone: (____) _____

Social Sec # _____ DOB _____

Contact (if other than patient) _____ OS OD OU

DX Code/Diagnosis: _____

Please fax completed form with Chart Notes to: 866-843-7990, or call 503-274-2121 if you have questions.

Comments: _____

PCP: _____ Phone: (____) _____

Primary Insurance: _____ Secondary Insurance: _____

ID: _____ ID: _____

Group: _____ Group: _____

Subscriber: _____ Subscriber: _____

Comments: _____