



RETINA NORTHWEST

NEW PATIENT SCHEDULING WORKSHEET

Date: _____

Doctor: Please circle one ANY DOCTOR

Time: _____

Dr. Lee Dr. Ma Dr. Patel Dr. Sandhu Dr. Tluczek Dr. Zhang

Locations:

- ___ Lake Oswego – 9 Monroe Parkway, 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 <u>Dr.</u> _____ | MD OD DO | Phone: (____) _____ |
|--------------------------------------|----------------|---------------------|

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

Scheduling Urgency: Please circle one URGENT: 2-3 Days Non-Urgent: 7+ Days Spoke with: _____

Other time frame: _____
(Please specify): _____

Patient Name _____

Address _____

| | |
|--|---|
| <small>HOME WORK CELL</small> Phone (____) _____ | <small>HOME WORK CELL</small> 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: _____