



RETINA NORTHWEST

NEW PATIENT SCHEDULING WORKSHEET

Date: _____

Time: _____

Doctor:

Please circle one

ANY DOCTOR

Dr. Lee

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 | MD | Phone: () |
| Dr. _____ | OD | |
| | DO | |
| If this patient needs to be seen as an emergency (today or tomorrow) – please call 503-274-2121 | | |
| Scheduling Urgency: | <u>URGENT: 2-3 Days</u> | Spoke with: _____ |
| | <u>Non-Urgent: 7+ Days</u> | |
| <u>Please circle one</u> | Other time frame: | |
| | (Please specify): _____ | |
| 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: _____

Please fax completed form WITH CHART NOTES to: 866-843-7990
or call 503-274-2121 if urgent or you have questions.