



Referral to: Arizona Retina & Vitreous Consultants

*Diseases & Surgery of the Retina & Vitreous
Uveitis & Ocular Inflammation*

Office (602) 232-6066 | Fax (602) 314-4154

Ramin Schadlu, MD | Anita Prasad, MD | Shabari Seetharam, MD

DATE OF REFERRAL: _____

APPOINTMENT PREFERENCE:

**To best serve our patients...
~FOR EMERGENCY APPOINTMENTS~
Please Call Our Office &
Fax Referral Form + Insurance card**

- Non-Urgent (Within 1 Month)
- Urgent (1-2 Weeks)
- Emergency (Within 24 Hours)

PATIENT INFORMATION:

Patient Name: _____ DOB: _____

Patient Phone: _____ Insurance: _____

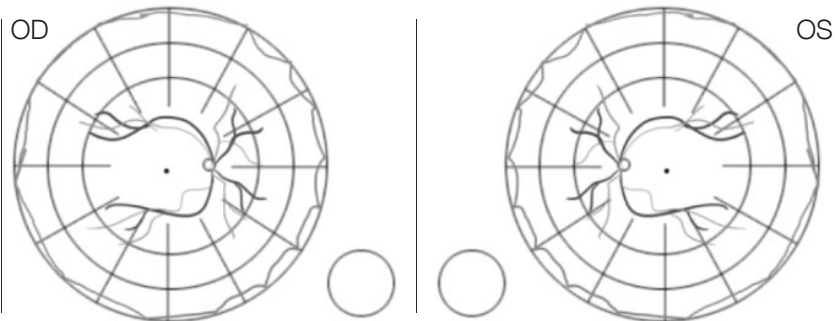
Referring Dr/Practice: _____ Phone: _____

Referring Address: _____ Fax: _____

REASON FOR REFERRAL:

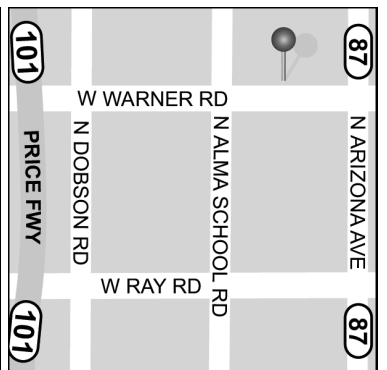
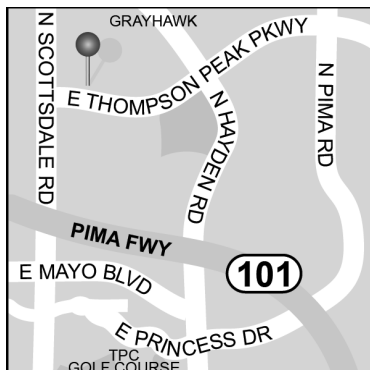
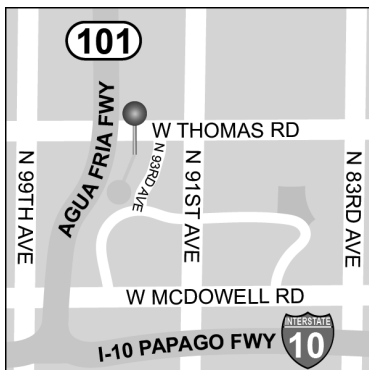
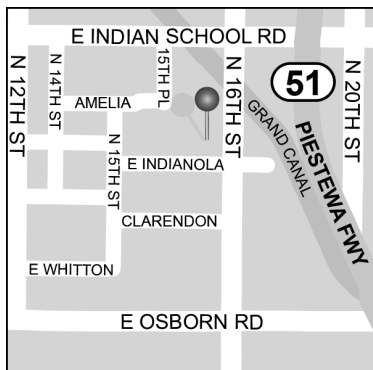
Please circle areas of Pathology in question if applicable (Optional):

- Retinal Detachment
- Macular Hole
- Posterior Vitreous Detachment
- Retinal Tear
- Diabetic Retinopathy
- Uveitis
- Flashes/Floaters (Recent on-set)
- BRVO
- Flashes/Floaters (Non-recent on-set)
- CRVO
- Epiretinal Membrane
- Other



Other Instructions: _____

OFFICE PREFERENCE:



Phoenix Office
(Enter off 16th St, Park on South)
3840 N 16th St
Phoenix, AZ 85016

West Valley Office
9305 W Thomas Rd
Suite 455
Phoenix, AZ 85037

Scottsdale Office
20201 N Scottsdale Healthcare Dr
Suite 220
Scottsdale, AZ 85255

East Valley Office
604 W Warner Rd
Suite B-7
Chandler, AZ 85225