

Bluegrass Retina Consultants

Angelia Thompson, MD FASRS

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Consultation Request

Appointment Type: Routine I-2 weeks Urgent 2-4 days Same day urgent Today (Please Call!)

Main Locations: Lexington Crestview Hills

Satellite Locations: Richmond Somerset Danville

Patient Information

Name: _____

DOB: _____

SSN: _____

Primary Phone: _____

Secondary Phone: _____

Referring Provider Information

Name: _____

Phone: _____

Office Contact _____

Fax this form to us at 859-264-0447 along with patient demographics, insurance cards, and most recent chart notes. We will contact the patient and the referring office with appointment information.

Diagnosis Information

Reason for Consultation: OD OS OU

Macular Degeneration

Diabetic Retinopathy

Macular Hole and/or Pucker

Possible Retinal Detachment

Possible Retinal Tear or PVD

Retinal Vascular Disease (RVO/RAO)

Ocular Trauma or Tumor

Uveitis

Vision Loss

Other Retina Problems: _____

Nursing Home Patient: Yes No

Hospice Patient: Yes No

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