

Bluegrass Retina Consultants

Angelia Thompson, MD FASRS

Brendan Girschek, MD FACS

3290 Blazer Pkwy Ste 100, Lexington, KY 40509

P: 859-264-0445

F: 859-264-0447

465 Centre View Blvd, Crestview Hills, KY 41017

P: 859-360-1407

F: 859-264-0447

Consultation Request

Appointment Type:

☐ Routine

1-2 weeks

☐ Urgent

2-4 days

☐ Same day urgent

Today (Please Call!)

Main Locations:

☐ Lexington

☐ Crestview Hills

Satellite Locations:

☐ Richmond

☐ Somerset

☐ Danville

☐ Walton

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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