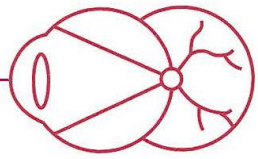
RETINA & VITREOUS CONSULTANTS OF WISCONSIN LTD.
MEDICAL AND SURGICAL TREATMENT OF THE RETINA AND VITREOUS



Jonathan M. Hershey, M.D.
Sharath C. Raja, M.D.
Nicholas H. Tosi, M.D.
Patrick P. Sassani, M.D.

CONSULTATION REQUEST FORM

❑ Dr. Hershey ❑ Dr. Raja ❑ Dr. Tosi ❑ Dr. Sassani

❑ Mayfair ❑ St. Lukes's ❑ Seton-Ozaukee ❑ Waukesha ❑ Kenosha

Mr/Mrs/Ms: (Patient) _____

Patient Address:_____

Phone (Home):_____ (Work):_____

Date of Birth: _____ Cell : _____

Medical Insurance: _____

Reason for Consult:_____

_____

_____

VISUAL ACUITY: OD: $\overline{cc}$ OD: $\overline{sc}$

OS: $\overline{cc}$ OS: $\overline{sc}$

This condition has been present for approximately: _____ days / weeks

Please see this patient within the next _____ days / weeks or

❑ Patient already has an appointment on: _____

Date:_____ Doctor's Signature: _____

Doctor's Name _____
(Please Print)

Please mail to: 2600 N. Mayfair Road, Suite 901, Milwaukee, Wisconsin 53226

or fax this sheet to: 414-778-3446.

Call 414-778-3455 or 800-837-3937 with any questions.