

OPHTHALMIC PHOTOGRAPHY REQUEST

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

STAT REPORT REQUESTED

Date _____

Patient Name _____

Doctor Requesting Services _____

PHOTOGRAPHIC STUDY DESIRED:

- 1. Fluorescein angiography and color photography with interpretation.
- 2. Fluorescein angiography and color photography with interpretation, plus patient examination by: Dr. Hershey Dr. Raja Dr. Tosi Dr. Sassani
- 3. Color photographs only.

Due to limited filing space, please do not include FA Positive with report

Area of concern: _____

RELEVANT OPHTHALMIC DATA:

OD:
OS:

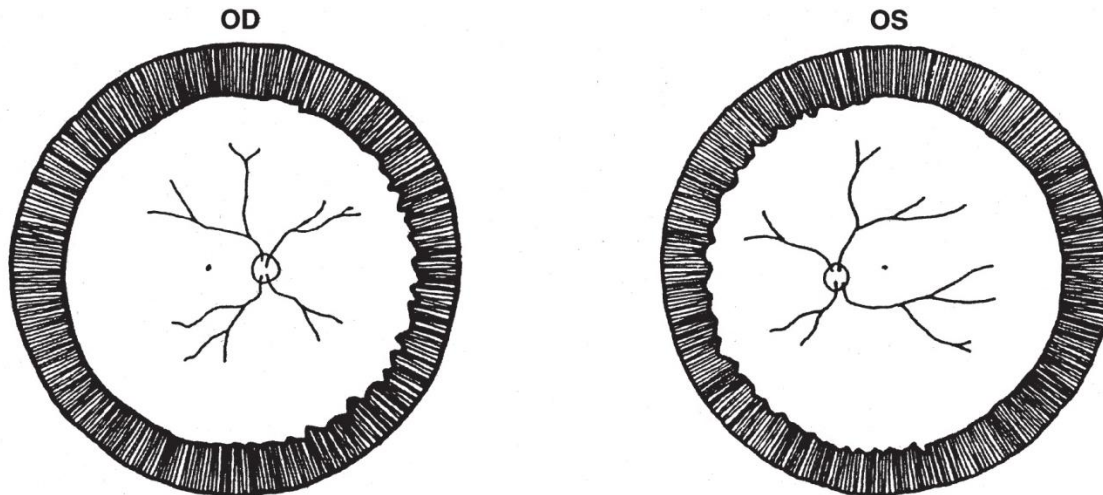
DIAGNOSIS:

OD:
OS:

VISUAL ACUITY:

OD:
OS:

INDICATE AREA TO CONCENTRATE ON IN EARLY PHASE OF FLUORESCEIN STUDY:



IMPRESSION:

Desired Office Location for Study:

- MAYFAIR MALL – NORTH TOWER** / 2600 NORTH MAYFAIR ROAD / SUITE 901 / MILWAUKEE, WI 53226 / 414-774-3484
- ST. LUKE'S PHYSICIAN OFFICE BLDG.** / 2801 WEST KINNICKINNIC RIVER PKWY / SUITE 350 / MILWAUKEE, WI 53215 / 414-649-4660
- SETON PROFESSIONAL BLDG. OZAUKEE** / 13133 N. PORT WASHINGTON RD / SUITE 120 / MEQUON, WI 53097 / 262-240-0457
- MORELAND MEDICAL CENTER** / 1111 DELAFIELD STREET / SUITE 227 / WAUKESHA, WI 53188 / 262-524-9323
- AURORA HEALTH CENTER** / 6815 118TH AVENUE / KENOSHA, WI 53142 / 262-857-5650

TO SCHEDULE CALL: 414-778-3455 OR 1-800-837-3937 OR FAX TO: 414-778-3446