

**OPHTHALMIC PHOTOGRAPHY REQUEST**

Jonathan M. Hershey, M.D.  
Sharath C. Raja, M.D.  
Nicholas H. Tosi, M.D.  
Daniel D. Kim, 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. Kim
- 3. Color photographs only.

Due to limited filing space, please do not include FA

Area of concern: \_\_\_\_\_

**RELEVANT OPHTHALMIC DATA:**

OD:  
OS:

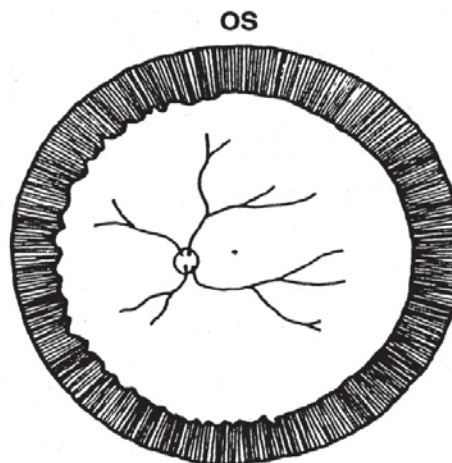
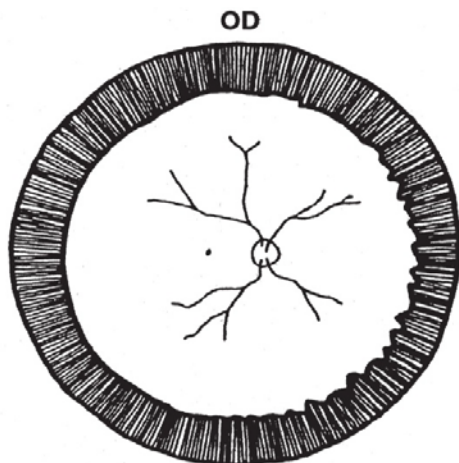
**DIAGNOSIS:**

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 MEDICAL OFFICE BLDG. 2** / 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 118<sup>TH</sup> AVENUE / KENOSHA, WI 53142 / 262-857-5650

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