

ULTRASONOGRAPHY - OCT (OPTICAL COHERENCE TEST) REQUEST

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

Date: _____ **STAT REPORT REQUESTED**

PATIENT NAME DOCTOR REQUESTING SERVICES

STUDY DESIRED:

- 1. B scan ultrasound with interpretation, plus patient examination
- 2. B scan ultrasound with interpretation
- 3. OCT with interpretation, plus patient exam
- 4. OCT with interpretation

If exam is required, examination to be scheduled with: Dr. Hershey Dr. Raja Dr. Tosi Dr. Sassani

Area of concern: _____

RELEVANT OPHTHALMIC DATA:

OD:

OS:

DIAGNOSIS:

OD:

OS:

VISUAL ACUITY:

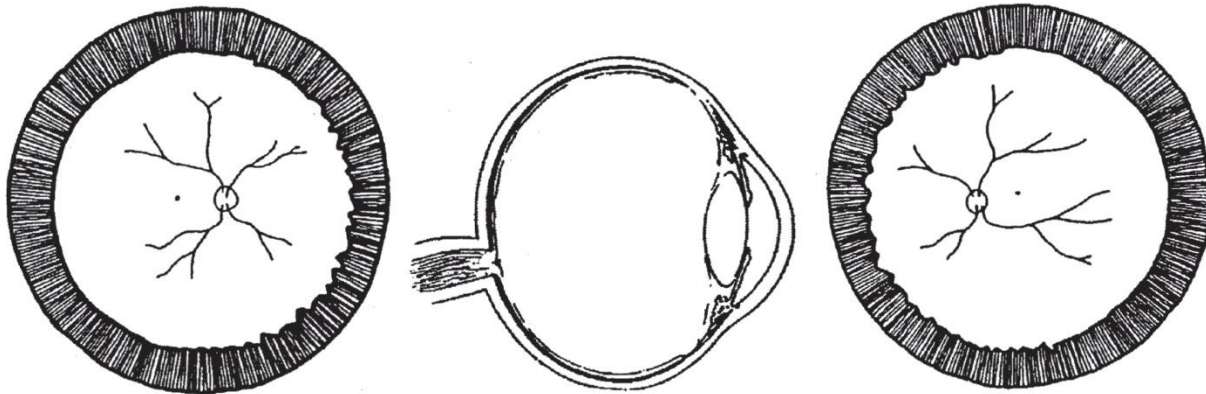
OD:

OS:

INDICATE AREA OF CONCENTRATION:

OD

OS



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: 414-778-3445 OR 1-800-837-3937 OR FAX TO: 414-778-3446