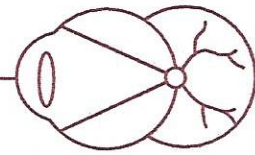


RETINA & VITREOUS CONSULTANTS OF WISCONSIN LTD.

MEDICAL AND SURGICAL TREATMENT OF THE RETINA AND VITREOUS



What to Bring to Your Appointment

Jonathan M. Hershey, M.D.
Sharath C. Raja, M.D.
Nicholas H. Tosi, M.D.
Daniel D. Kim, M.D.
Ryan N. Vogel, M.D.

You have been scheduled to see Dr. Jonathan Hershey, Dr. Sharath Raja, Dr. Nicholas Tosi, Dr. Daniel Kim or Dr. Ryan Vogel at our _____ location on _____ at _____ am / pm. This letter explains what to bring with you.

Please complete the enclosed Confidential Health History and Patient Information forms and bring them with you to your appointment. All pages must be completed and signed where indicated.

On Page 4 of the Patient Information form, "Additional Releases of Medical Information and Medical Records to Designated Persons", you can list people such as a spouse, son or daughter, friend, etc., that you would like to receive information about you such as test results, billing information, etc. You do not need to list the doctor that referred you to our office.

If you would like to list more than 2 people, please ask us for another sheet when you come in for your appointment or one can be downloaded from our website, www.rvcow.com under Patient Forms. Please remember to put in an expiration date for your authorization or the authorization will expire one year from the date you sign the form or the form is received.

Your appointment can take up to 2 ½ to 3 hours. This time could be longer if treatment is indicated and can be performed the same day.

Both of your eyes will be dilated for your exam and will remain dilated for 24 to 48 hours. This means it will be necessary for you to have someone drive you to and from the appointment. You will not be able to drive yourself to or from this appointment.

Please remember to bring the following to your appointment:

- 1) A Driver
- 2) The completed Patient Information and Confidential Health History forms that were sent with this letter.
- 3) A list of your Medications and/or your Medications in their original bottles.
- 4) Your Insurance card(s) and a Referral if your insurance requires one.
- 5) If you have a Health Care Power of Attorney (POA) please bring in a copy of the POA papers or the originals so that we may make a copy for your chart.

Thank you and we look forward to seeing you at your appointment.

F:/Mngt/Common/Master Forms/Patient Forms/What to Bring To Your 08-2018

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 NORTH PORT WASHINGTON ROAD / 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
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