Aurora • 15901 E Briarwood Circle • Suite 100
Denver • 2480 S Downing Street • Suite 100
Edwards • 1140 Edwards Village Boulevard • Suite B206
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InSight
RETINA CONSULTANTS, P.C.
Diseases & Surgery of the Retina & Vitreous
Dennis J. O'Connell, D.O.

_____
Date

After-hour Emergencies	Cell: 303-817-2105

Referring Doctor _____

Office Address _____

City _____ State Zip _____

Phone _____

Fax _____

NPI# _____

Email _____

Patient Name _____ D.O.B.

Address _____

City _____ State Zip _____

Phone _____ S.S. # _____

Do you want us to schedule patient ☐ Y ☐ N

Other _____

****Please attach a copy of the front/ back of the medical insurance card.****
If urgent attention is needed, please call us.

PERTINENT SYMPTOMS/HISTORY:

_____
_____
_____
_____
_____

Rx:

	SPH	CYL	AXIS	VA
OD				20/
OS				20/

TONOMETRY:
OD: _____mmHg
OS: _____ mmHg
Time _____ Method: ☐ TA ☐ NCT

PROCEDURES REQUESTED:

☐ Fundus Photography ☐ OCT ☐ PAM
☐ Fluorescein Angiography ☐ VF _____ (Type) ☐ Other _____
☐ ICG Angiography ☐ B-Scan

Referring Doctor's Signature: _____