



# RETINA NORTHWEST

## NEW PATIENT SCHEDULING WORKSHEET

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Doctor:** Please circle one **ANY DOCTOR**

**Dr. Dreyer Dr. Lee Dr. Ma Dr. Patel Dr. Peters Dr. Tlucek**

**Locations:**

- Lake Oswego – 4035 SW Mercantile Dr., Suite 212, Lake Oswego, OR
- Providence – 5050 NE Hoyt St., Suite 421, Portland, OR
- St. Vincent – 9135 SW Barnes Rd., Suite 661, Portland, OR
- Sylvan – 5440 SW Westgate Dr., Suite 217, Portland, OR
- Vancouver – 120 NE 136<sup>th</sup> Ave., Suite 240, Vancouver, WA

Referring Physician Dr. _____	MD OD DO	Phone: (____) _____
<small>Next Available</small>	<small>Days Weeks Months</small>	Schedule Within: _____ Spoke With: _____
Patient Name _____		
Address _____		
<small>HOME WORK CELL</small>	Phone (____) _____	<small>HOME WORK CELL</small>
		Phone: (____) _____
Social Sec # _____	DOB _____	<b>OS OD OU</b>
Contact (if <i>other</i> than patient) _____		
Diagnosis: _____		
Comments: _____		
PCP: _____	Phone: (____) _____	

**Primary Insurance:** \_\_\_\_\_ **Secondary Insurance:** \_\_\_\_\_

**ID:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**Group:** \_\_\_\_\_ **Group:** \_\_\_\_\_

**Subscriber:** \_\_\_\_\_ **Subscriber:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
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