



RETINA NORTHWEST

NEW PATIENT SCHEDULING WORKSHEET

Date: _____

Doctor:

Please circle one

ANY DOCTOR

Time: _____

Dr. Dreyer Dr. Lee Dr. Ma Dr. Patel Dr. Peters Dr. Tluczek

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 136th Ave., Suite 240 Vancouver, WA

Referring Physician Dr. _____ MD
 OD
 DO Phone: () _____

If this patient needs to be seen as an emergency (today or tomorrow) – please call 503-274-2121

Scheduling Urgency: **URGENT: 2-3 Days**
Non-Urgent: 7+ Days Spoke with: _____
 Please circle one **Other time frame:**
 (Please **specify**): _____

Patient Name _____

Address _____

HOME WORK CELL Phone () _____ HOME WORK CELL Phone: () _____

Social Sec # _____ DOB _____

Contact (if other than patient) _____ **OS OD OU**

DX Code/Diagnosis: _____

Please fax completed form *with* Chart Notes to: 866-843-7990, or call 503-274-2121 if you have questions.

Comments: _____

PCP: _____ Phone: () _____

Primary Insurance: _____ **Secondary Insurance:** _____

ID: _____ ID: _____

Group: _____ Group: _____

Subscriber: _____ Subscriber: _____

Comments: _____