



# 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. Tluczek**

**Locations:**

- \_\_\_ Lake Oswego – 4035 SW Mercantile Dr., Suite 212 Lake Oswego, OR 97035-2591
- \_\_\_ Providence – 5050 NE Hoyt St., Suite 421 Portland, OR 97213-2984
- \_\_\_ St. Vincent – 9135 SW Barnes Rd., Suite 661 Portland, OR 97225-6683
- \_\_\_ Sylvan – 5440 SW Westgate Dr., Suite 217 Portland, OR 97221-2421
- \_\_\_ Vancouver – 120 NE 136<sup>th</sup> Ave., Suite 240 Vancouver, WA 98684-6951

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