



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, 97035

___ Lovejoy – 2525 NW Lovejoy St., Suite 100, Portland, OR, 97206

___ Providence – 5050 NE Hoyt St., Suite 421, Portland, OR, 97213

___ St. Vincent – 9135 SW Barnes Rd., Suite 661, Portland, OR, 97225

___ Vancouver – 120 NE 136th Ave., Suite 240, Vancouver, WA, 98684

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

This patient needs to be seen as an emergency today or tomorrow – please call 503-274-2121

This patient needs to be seen within _____ days _____ weeks. Spoke with: _____

Patient Name _____

Address _____

HOME
WORK
CELL

Phone () _____

HOME
WORK
CELL

Phone: () _____

Social Sec # _____ DOB _____

OS OD OU

Contact (if other than patient) _____

DX Code/Diagnosis: _____

Comments: _____

PCP: _____ Phone: () _____

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

ID: _____ **ID:** _____

Group: _____ **Group:** _____

Subscriber: _____ **Subscriber:** _____

Comments: _____

