



RETINA NORTHWEST

NEW PATIENT SCHEDULING WORKSHEET

Date: _____

Time: _____

Doctor: _____

Please circle one

ANY DOCTOR

Dr. Lee • Dr. Patel • Dr. Singaravelu Polder • Dr. Sandhu • Dr. Tluczek • Dr. Zhang

Locations:

- ___ Lake Oswego – 9 Monroe Parkway, Suite 150 Lake Oswego, OR 97035-8863
- ___ Providence – 5050 NE Hoyt St., Suite 421 Portland, OR 97213-2984
- ___ Salmon Creek – 2105 NE 129th St., Suite 200 Vancouver, WA 98686-3275
- ___ 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 136th Ave., Suite 240 Vancouver, WA 98684-6951

Referring Physician: _____ MD
 _____ OD
 _____ DO Phone: () _____
 (first and last name)

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

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

Patient Name: _____

Address: _____

Phone: () _____ Phone: () _____

Social Sec #: _____ DOB: _____

Contact (if other than patient) _____ OS OD OU

DX Code/Diagnosis: _____

PCP: _____ Phone: () _____

Primary _____ Secondary _____

Insurance: _____ Insurance: _____

ID: _____ ID: _____

Group: _____ Group: _____

Subscriber: _____ Subscriber: _____

Comments: _____

Please fax **completed** form WITH CHART NOTES to: 866-843-7990
or call 503-274-2121 if urgent or if you have questions.