



Retinal Detachment • Diabetic Retinopathy • Macular Diseases • Trauma • Vitrectomy

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Patient's Name: _____

Appt. Date: _____ Time: _____

Brief History: _____

Referred By: _____ Address: _____

Tentative DX: _____

Please Check One:

_____ Consultation (with testing and treatment)

_____ Testing (without consultation)

Check All That Apply:

_____ Fundus Photography & FA \bar{c} reading

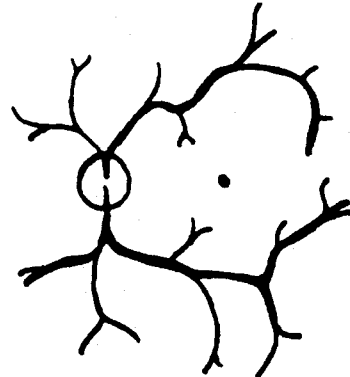
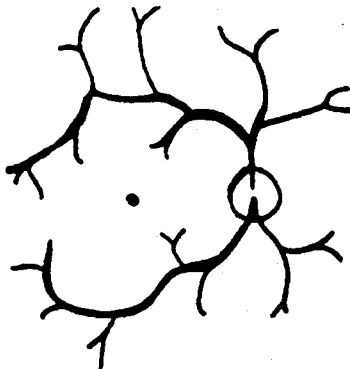
_____ Potential Visual Acuity Meter Test

_____ Ultrasound Exam

Fluorescein Angiography/Photography _____ OD

_____ OS

_____ Optical Coherence Tomography



Please indicate on the above anatomical chart the site you are interested in for study along with any further comments: _____

Referring Physician: _____

Oak Lawn
4930 W. 95th Street
Oak Lawn, IL 60453
P (708) 424-8855
F (708) 424-6954

Orland Park
15255 94th Avenue Ste. 202 E.
Orland Park, IL 60462
P (708) 364-1700
F (708) 364-1717

Joliet
963 129th Infantry Drive Ste. 130
Joliet, IL 60435
P (815) 744-1812
F (815) 744-1589

Palos Heights
7440 W. College Drive Ste. 3
Palos Heights, IL 60463
P (708) 448-3000
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