

CRAIG M. FERN, M.D., P.C.

Diseases and Surgery of the Retina
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REQUEST FOR RETINAL CONSULTATION

PATIENT NAME _____

REFERRED BY _____ DATE _____

Diagnosis:

- Diabetic Retinopathy
- Macular Degeneration
- Choroidal Neovascularization
- Retinal Tear
- Retinal Detachment
- Other _____

Service Requested

- Consultation
- Laser
- Fundus Photography
- Fluorescein Angiography
- OCT
- Pam Testing

