Tennessee Retina

Referral Fax
Fax Cover Sheet

www.TNRETINA.com

Date:

Please fax this form and any clinical notes or medication lists to (888) 818-0952. **If an urgent appointment is needed, please call our Provider Line at (615) 997-0055 to schedule.**

☐ **Appointment has already been scheduled.**

Date/Time: _____

☐ **Appointment needs to be scheduled by Tennessee Retina**

Tennessee Retina Physician:

- ☐ Any Physician
- ☐ Everton L. Arrindell, M.D.
- ☐ Carl C. Awh, M.D.
- ☐ Brandon G. Busbee, M.D.
- ☐ Bernard Dib, M.D.
- ☐ Hesham K. Gabr, M.D.
- ☐ Jay P. Glover, M.D.
- ☐ Sarah M. Kamal, M.D.
- ☐ Brigid K. Marshall, M.D.
- ☐ Franco M. Recchia, M.D.
- ☐ David A. Reichstein, M.D.
- ☐ Eric W. Schneider, M.D.
- ☐ Marcus J. Solomon, M.D.
- ☐ Akshay S. Thomas, M.D.
- ☐ R. Trent Wallace, M.D.
- ☐ Lauren M. Wright, M.D.
- ☐ Mitchell T. Allphin, M.D., *Fellow*
- ☐ Ogul E. Uner, M.D., *Fellow*

Referring Physician Information:

Name: _____

Phone: _____

Fax: _____

Patient Name: _____

Patient Phone: _____

Patient Alt. Phone: _____

Patient DOB: _____

Insurance: _____

ID #: _____

Tennessee Retina Location:

- ☐ Nashville
- ☐ Bowling Green
- ☐ Clarksville
- ☐ Columbia
- ☐ Cookeville
- ☐ Dickson
- ☐ Franklin
- ☐ Hendersonville
- ☐ Hermitage
- ☐ Murfreesboro

Diagnosis or Reason For Consultation:

	OD:	OS:
☐ Diabetic Exam- EVAL / NPDR / PDR	☐	☐
☐ Epiretinal Membrane	☐	☐
☐ Macular Degeneration- wet / dry	☐	☐
☐ Macular Edema	☐	☐
☐ Retinal Detachment	☐	☐
☐ PVD, Flashes, Floaters	☐	☐
☐ Vascular Occlusion	☐	☐

☐ Other _____

Additional Comments:

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Non-Emergent Consultation Requests may also be submitted online at www.TNRETINA.com

If TNR is scheduling an appointment from this form, we will contact your patient within 2 business days.