



Consultation Request Form

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:

- ☐ Everton L. Arrindell, M.D.
- ☐ Carl C. Awh, M.D.
- ☐ Brandon G. Busbee, M.D.
- ☐ Benard Dib, M.D.
- ☐ Hesham K. Gabr, M.D.
- ☐ Jay P. Glover, 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*
- ☐ Any Physician

Referring Physician Information:

Name: _____

Phone: _____

Fax: _____

Patient Name: _____

Patient Phone: _____

Patient Alt. Phone: _____

Patient Birthdate: _____

*Insurance: _____

*ID #: _____

Tennessee Retina Location:

- | | |
|--|---|
| <input type="checkbox"/> Nashville | <input type="checkbox"/> Dickson |
| <input type="checkbox"/> Bowling Green | <input type="checkbox"/> Franklin |
| <input type="checkbox"/> Clarksville | <input type="checkbox"/> Hendersonville |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Hermitage |
| <input type="checkbox"/> Cookeville | <input type="checkbox"/> Murfreesboro |

Diagnosis or Reason For Consultation:

- | | OD: | OS: |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Diabetic Exam- EVAL / NPDR / PDR | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Epiretinal Membrane | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Macular Degeneration- wet / dry | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Macular Edema | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Retinal Detachment | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> PVD, Flashes, Floaters | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Vascular Occlusion | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | | |

Additional Comments:

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.