



Consultation Request Fax

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.
- ☐ 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*
- ☐ Any Physician

Referring Physician Information:

Name: _____

Phone: _____

Fax: _____

Patient Name: _____

Patient Phone: _____

Patient Alt. Phone: _____

Patient Birthdate: _____

*Insurance: _____

*ID #: _____

Tennessee Retina Location:

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

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.