Retina & Vitreous
CONSULTANTS OF WISCONSIN

NICHOLAS H. TOSI, M.D.
LINCOLN T. SHAW, M.D.
RAZEK G. COUSSA, M.D. FRCSC

Consultation Request Fax Form

Please be sure to fill in all fields, then fax this form to 414-778-3446

Doctor ☐ Dr. Tosi ☐ Dr. Coussa ☐ Dr. Shaw ☐ Any Doctor

Location ☐ Milwaukee(Mayfair) ☐ Greenfield ☐ Mequon ☐ Waukesha ☐ Kenosha

Mr/Mrs/Ms: (Patient) _____

Patient Address: _____

Phone (Home): _____ (Work): _____

Email address: _____ Preferred method of contact: ☐ Home ☐ Work ☐ Email

Date of Birth: _____ (Cell): _____

Medical Insurance: _____

Reason for Consult: _____ OD: ☐ OS: ☐ OU: ☐

_____

_____

VISUAL ACUITY: OD: cc OD: sc
OS: cc OS: sc

This condition has been present for approximately: _____ days / weeks

Please see this patient within the next _____ days / weeks or

Date: _____

Doctor's Name:
(Please Print) _____

Practice Name: _____

Best Office Contact Number: _____

Please print the form and FAX to 414-778-3446

For all referrals, our office will contact the patient soon and your office shortly for supporting documentation.

For URGENT referrals to be seen in less than 24 ours, please fax a referral request and immediately call our office 414-774-3484 to expedite transfer of records and care in a timely manner.