

Retina & Vitreous

CONSULTANTS OF WISCONSIN



NICHOLAS H. TOSI, M.D.
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Retinal Imaging Request 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 ☐ 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: _____

Study and Interpretation Requested:

Fluorescein angiography and color photography

Fundus photography

B-Scan Ultrasonography

Diagnosis/Reason for Study:

OD: OS:

OU:

VISUAL ACUITY: OD: cc
OS: cc

OD: sc
OS: sc

OU: sc

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.

MILWAUKEE
The Offices at Mayfair
2600 N. Mayfair Rd.
Suite 901
Milwaukee, WI 53226

ST. LUKE'S
Medical Office Building 2
2801 W. Kinnickinnic River Pkwy.
Suite 350
Milwaukee, WI 53215

MEQUON
Seton Professional Building
13133 N. Port Washington Rd.
Suite 120
Mequon, WI 53097

WAUKESHA
Stone Ridge Medical
Commons
N14W23800 Stone Ridge Dr.
Suite 310
Waukesha, WI 53188

KENOSHA
Aurora Health Center
6815 118th Ave.
Kenosha, WI 53142

GREENFIELD
Loomis Crossing
4300 W Layton Ave.
Suite 250
Greenfield, WI 53220