

Retina & Vitreous

CONSULTANTS OF WISCONSIN



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

Supply Request Form

Fax this form to 414-778-3446

In order to best assist you with the referral process, please inform us of any forms or cards needed from the list below and fax your request to us at 414-778-3446. If you have any questions please call our main office at 414-774-3484 or 1-800-837-3937.

Date: _____

M.D. BUSINESS CARDS

____ Nicholas H. Tosi, M.D.
____ Lincoln T. Shaw, M.D.
____ Razeq Coussa, M.D. FRCSC

OTHER ITEMS

____ Appointment Cards
____ Consultation Request Fax Form
____ Retinal Imaging Request Fax Form
____ Other: _____

Doctor's Name: _____

Practice Name: _____

Address: _____

Best Office Contact Number: _____

THANK YOU!

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