



Retina Consultants  
of Southwest Florida\*

**REQUEST FOR CARE:**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ Phone Number: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**DOCTOR:**

- Joseph P. Walker, M.D., F.A.C.S. Secure email: Josephjwalker@eye.md.intellichartdirect.net
- Paul A. Raskauskas, M.D., F.A.C.S. Secure email: Paulpraskauskas@eye.md.intellichartdirect.net
- Tom Ghuman, M.D., F.A.C.S. Secure email: Thomastghuman@eye.md.intellichartdirect.net
- Ashish G. Sharma, M.D., F.A.C.S. Secure email: Ashishasharma@eye.md.intellichartdirect.net
- Katrina A. Mears, M.D., F.A.C.S. Secure email: Katrinakmears@eye.md.intellichartdirect.net

**REASON FOR REFERRAL:**

Continued anti-vegf injection care (Indicate current treatment plan below):

OD:  Avastin  Lucentis  Eylea Every \_\_\_\_ weeks

OS:  Avastin  Lucentis  Eylea Every \_\_\_\_ weeks

Please evaluate the following condition (s): \_\_\_\_\_  OD  OS  OU

Possible participation in a clinical research trial for: \_\_\_\_\_  OD  OS  OU

**PLEASE SCHEDULE THIS PATIENT:**

(\*If you would like the patient seen ASAP, please call 800-282-8281 or 239-939-4323 for immediate service.)

- Within \_\_\_\_ week (s)
- Next Available
- Other: \_\_\_\_\_

**HOW WOULD YOU LIKE TO RECEIVE RESULTS?**

- Mail
- Fax report to: \_\_\_\_\_
- Direct email (Please enter your direct email address and fax number below): *\*preferred\**

Your direct email address: \_\_\_\_\_

**LOCATION:**

- |                               |                          |                          |                          |                          |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fort Myers</b>             | <b>Cape Coral</b>        | <b>Naples</b>            | <b>Port Charlotte</b>    | <b>Bonita Springs</b>    |
| 6901 International Center Bl. | 106 Del Prado Bl.        | 2400 Goodlette-Frank Rd. | 2525 Harbor Bl.          | 3501 Health Center Bl.   |
| Ft. Myers, FL 33912           | Cape Coral, FL 33990     | Naples, FL 34103         | Suite #302               | Suite #2170              |
| Phone (239) 939-4323          | Phone (239) 772-4323     | Phone (239) 263-3337     | Pt. Charlotte, FL 33952  | Bonita Springs, FL 34135 |
| Fax (239) 939-4712            | Fax (239) 939-4712       | Fax (239) 939-4712       | Phone (941) 627-4422     | Phone (239) 939-4323     |
|                               |                          |                          | Fax (239) 939-4712       | Fax (239) 939-4712       |

Please submit this form via fax to 239-939-4712, or submit it electronically via encrypted email at eyemail@eye.md.  
Thank you so much for allowing us to participate in the care of your patient.