



Thomas Shane, M.D.

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RetinaCareFlorida.com

## CONSULTATION REQUEST

Please fax form and insurance information to 941-351-1201

Patient Name: \_\_\_\_\_

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

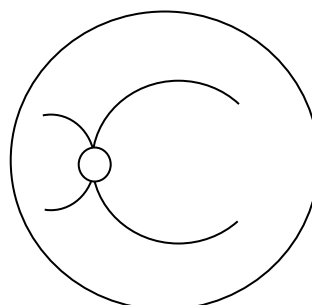
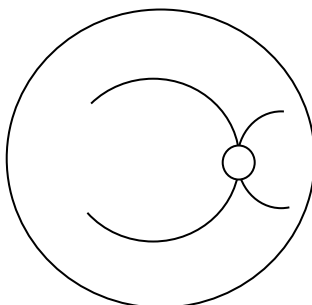
Patient Phone #: \_\_\_\_\_

Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requesting Physician: \_\_\_\_\_

Reason for Consultation: \_\_\_\_\_

Relevant Findings:



☐ Our office has made the appointment with Retina Care Consultants

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

Time: \_\_\_\_\_

☐ 2401 University Parkway, Suite 205, Sarasota, Florida 34243

☐ 3550 S. Tamiami Trail, Suite 201, Sarasota, Florida 34239

☐ Patient will call Retina Care Consultants to schedule appointment.

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