RETINA CONSULTANTS of ALABAMA P.C.

Milton F. White, Jr., M.D.
(1960-2009)

Richard M. Feist, M.D.
John O. Mason, III, M.D.
Martin L. Thomley, M.D.
Michael A. Albert, Jr., M.D.

CONSULTATION REQUEST

Date: _____

Referring Physician: _____

Telephone: (_____) _____

FAX: (_____) _____

Patient Name: _____

Date of Birth: _____

I, Dr. _____ am requesting that a consultation be performed by you for my patient for further evaluation of the following condition(s):

1) _____

2) _____

3) _____

☐ See Copy of My Chart Notes ☐ See My Dictated Letter

X_____
Referring Physician's Signature

Appointment at RCA scheduled with:

☐ Richard M. Feist, M.D. ☐ Michael A. Albert, Jr., M.D.

☐ John O. Mason, III, M.D. ☐_____

☐ Martin L. Thomley, M.D.

Date: _____

Time: _____

Location: _____

Please FAX completed form to Retina Consultants of Alabama, P.C.

700 18th Street South • Suite 707 • Birmingham, Alabama 35233 • (205) 918-0047 • (800) 575-4314 • FAX (205) 918-0902