

**Request for Retinal Consultation**

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

- Dear  Dr. Torti  
 Dr. Patel  
 Dr. Choi  
 Dr. Pandya

Please evaluate this patient's condition. I look forward to receiving your opinion and advice regarding care of this patient and will resume general care following your consultation.

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

Patient Phone Number: \_\_\_\_\_

Referred By: \_\_\_\_\_

Brief Summary of Problem:

- Diabetic Retinopathy  
 Macular Degeneration  
 Retinal Detachment  
 Retinal Vein Occlusion  
 Epiretinal Membrane  
 Macular Hole  
 Other: \_\_\_\_\_

**Dallas**  
10740 N Central Expy, STE 100  
Dallas, TX 75231  
PH: 214-361-6700  
FX: 214-361-6701  
(Dr. Pandya only)

**DeSoto**  
2625 Bolton Boone Dr.  
DeSoto, TX 75115  
PH: 972-283-1516  
FX: 972-283-1448

**Mesquite**  
1600 Republic Pkwy, STE 210  
Mesquite, TX 75150  
PH: 214-393-5880  
FX: 214-393-5895

**Plano**  
1706 Preston Park Blvd.  
Plano, TX 75093  
PH: 972-599-9098  
FX: 972-599-1459

**Waxahachie**  
1011 N.Hwy 77, STE 103A  
Waxahachie, TX 75165  
PH: 469-383-3368  
FX: 469-383-3369