

**APPOINTMENT DATE & TIME (LA FECHA Y HORA DE SU CITA):**

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**ADDRESS (DIRECCION): 840 W IRVING PARK RD, SUITE 401 (4<sup>TH</sup> Floor Professional Bldg), CHICAGO, IL 60613**

**PHONE NUMBER (NUMERO DE TELEFONO): (773) 975-6868; FAX NUMBER (NUMERO DE FAX): (773) 472-3942**

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**LAKES HORE RETINA PATIENT REFERRAL FORM**

REFERRED BY: \_\_\_\_\_ REFERRED TO: \_\_\_\_\_

REFERRING DOCTORS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE: \_\_\_\_\_ PATIENT DOB: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

PATIENT PHONE: \_\_\_\_\_ INSURANCE: \_\_\_\_\_

IF INSURANCE REFERRAL OR AUTHORIZATION NEEDED, PLEASE ATTACH TO THIS FORM

BRIEF HISTORY/ COMMENTS:

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VISUAL ACUITY: OD \_\_\_\_\_ OS \_\_\_\_\_

PLEASE CIRCLE ALL REASONS FOR REFERRAL:

RETINAL CONSULT	FA/ FUNDUS PHOTOS (TRANSIT: OD OS )	LASER TX	OCT MACULA
OCT RNFL	ULTRASOUND	HVF (VISUAL FIELD)	EXTERNAL PHOTOS

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**OFFICE ADDRESS: 840 W. IRVING PARK RD., SUITE 401, CHICAGO, IL 60613**

**\*IF DRIVING, PLEASE USE FREE VISITORS PARKING LOT AT THOREK HOSPITAL AT 850 W IRVING PARK RD. THE OFFICE IS LOCATED ON THE 4<sup>TH</sup> FLOOR OF THE PROFESSIONAL BUILDING WHICH IS NEXT TO THE HOSPITAL.**

**\*IF BLDG FRONT DOOR IS CLOSED, ENTER THROUGH THE HOSPITAL, TAKE ELEVATOR TO 3<sup>RD</sup> FLOOR AND CROSS OVER VIA BRIDGE TO PROFESSIONAL BUILDING AND TAKE ELEVATOR TO 4<sup>TH</sup> FLOOR, AND OFFICE IS TO THE RIGHT.**

**\*CTA RED LINE L TRAIN USE SHERIDAN STOP.**

**\*NUMBER 80 BUS (IRVING PARK AND BROADWAY) BUS STOPS IN FRONT OF THE BUILDING.**

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