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Peter A. Karth, MD, MBA  
Allan A. Hunter, MD  
Ernest Puckett, MD

## REQUEST FOR CONSULTATION

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referring Provider: \_\_\_\_\_  
Patient's Name: \_\_\_\_\_ Patient's Address: \_\_\_\_\_  
Patient's Date of Birth: \_\_\_\_\_  
Patient's Home #: \_\_\_\_\_ Patient's Insurance (Primary): \_\_\_\_\_  
Patient's Work #: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_ Secondary: \_\_\_\_\_  
 Appointment made from this office. Appointment Date/Time: \_\_\_\_\_  
 Please call patient for appointment.

### Reason for Consultation

Macular Degeneration  Diabetic Retinopathy  Retinal Tear/Detachment  
 Retina (Other): \_\_\_\_\_  Cornea: \_\_\_\_\_  
 Uveitis  General/Other: \_\_\_\_\_

Eye Medications: \_\_\_\_\_

VA with correction OD 20/\_\_\_\_ OS 20/\_\_\_\_ Glare (if applicable) OD 20/\_\_\_\_ OS 20/\_\_\_\_

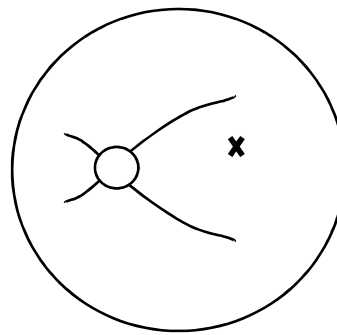
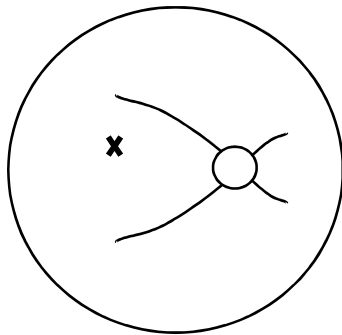
Refractive data (if applicable): OD \_\_\_\_ OS \_\_\_\_ IOP (if applicable) OD \_\_\_\_ OS \_\_\_\_

Applanation  NCT  Tonopen

Comments or indicate area of concern if applicable:

Request is for:

Consultation only  
 Consultation & Treatment as applicable  
 Please assume this patient's medical eye care



*Riverbend District*  
3783 International Ct, Ste 290  
Springfield, OR 97477

*Eugene-Retina*  
1550 Oak St Ste 4  
Eugene, OR 97401

*Eugene-General*  
1550 Oak St Ste 7  
Eugene, OR 97401

*Pacific ClearVision*  
1125 Darlene Ln Ste 100  
Eugene, OR 97401

*Corvallis*  
2500 NW Century Dr  
Corvallis, OR 97330

*Newport*  
904 SW Bay St  
Newport, OR 97365

*Florence*  
2002 Hwy 101  
Florence, OR 97439

*Roseburg-Edenbower*  
2510 NW Edenbower Blvd, Ste 146  
Roseburg, OR 97471

*Roseburg-Seely*  
341 Medical Loop, Ste 120  
Roseburg, OR 97471

*North Bend*  
3585 Broadway Ave.  
North Bend, OR 97459

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