RETINA CONSULTANTS OF SOUTHERN COLORADO, P.C.

Practice dedicated to medical and surgical diseases of the retina and vitreous

Mark E. Chittum, M.D. Jonathan G. Williams, M.D.
James K. Luu, M.D. Ryan M. Rich, M.D. Ramin Sarrafizadeh, M.D., Ph.D.

Fax Referral Form

★ **Please include exam notes and demographics with referral** ★

Pages attached: _____

Date: _____

Patient Name: _____ **DOB:** _____

Phone# Home: _____ **Work:** _____ **Cell:** _____

Reason for consultation/diagnosis: _____

_____

_____

How long have symptoms been occurring? _____

Schedule appointment: ❑ Today ❑ Within 2-3 days ❑ Within 1 week ❑ Next Available

Referring Physician: _____

Location: _____

Physician Phone: _____ **Physician Fax:** _____

Tri-Care Prime Patient? Authorization *MUST* be requested by Referring Doctor: ❑ **Completed**

Fax To:

❑ Colorado Springs office
2770 North Union Blvd., Suite 140
Colorado Springs, CO 80909
Fax: (719) 227-0669
Phone: (719) 473-9595

❑ Pueblo office
3691 Parker Blvd. Suite 101
Pueblo, CO 81008
Fax: (719) 583-1582
Phone: (719) 583-1575

Thank you for the referral!

RCSC OFFICE: _____

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Initials: _____ Date: _____