

To make an urgent referral, please call our office at 701-293-9829 and have the following information ready. This form may be completed and faxed to 701-293-0111; however, a phone call is required to triage and schedule the patient. Please be advised, if the patient needs to be seen within 24 hours of the referral call, the patient must be present in your office when the referral call is made.

1. Date: _____
2. Patient Name: _____
 - a. DOB: _____ Age: _____ Gender: Male Female
3. Medical Insurance Company: _____
 - a. Policy/ID number: _____ Group Number: _____
4. Referring Doctor: _____ Office Location: _____
 - a. Contact Person: _____ Phone number: _____
5. Is the patient currently in your office: Yes No
*If the patient is not currently in your office, the patient may not be able to be seen here the same day.
6. Has the patient been dilated and is the physician's exam completed? Yes No
7. Patient Complaint: _____
8. Signs/Symptoms Onset: _____
 - a. Diagnosis: Retinal detachment: Macula On Macula Off
 Retinal tear or Retinal hole: Fluid present? Yes No
Other diagnosis: _____
9. Affected eye: OD OS
10. Location of detachment or tear (i.e. clock hour, superior, inferior, nasal, temporal, etc.):

11. Visual acuity: 20/_____ OD 20/_____ OS Intraocular pressure: _____ OD _____ OS
12. Does the patient have glaucoma? Yes No
13. Any recent trauma or surgery to the affected eye? Yes No _____
14. Previous cataract surgery in affected eye? Yes No _____
15. Current eye medications: _____
16. Is the patient taking anticoagulants (see second page for a list of medications)? Yes No _____
17. Is the patient taking ACE inhibitors or Angiotensin Receptor Blockers for high blood pressure or heart related diseases (see second page for a list of medications)? Yes No _____
Patient cannot take these medications 24 hours prior to surgery
18. All other systemic meds including OTC and supplements (if you have a separate list, it can be faxed to us):

19. Any significant medical history, especially hypertension or diabetes mellitus? Yes No

20. Requested time frame for the appointment: _____
*If requested timeframe is in less than 24 hours, patient must be present in your office when referral call is made.

Anticoagulants

- apixaban (Eliquis)
- aspirin
- dabigatran (Pradaxa)
- edoxaban (Savaysa)
- enoxaparin (Lovenox)
- fondaparinux (Arixtra)
- heparin
- ibuprofen (Advil, Motrin, Nuprin)
- naproxen (Aleve)
- rivaroxaban (Xarelto)
- warfarin (Coumadin, Jantovan)

*****THE MEDICATIONS BELOW CANNOT BE
TAKEN 24 HOURS PRIOR TO SURGERY*****

ACE Inhibitors

- benazepril (Lotensin)
- captopril (Capoten)
- enalapril (Vasotec)
- fosinopril (Monopril)
- lisinopril (Prinivil, Zestril)Z
- moexipril (Univasc)
- perindopril (Aceon)
- quinapril (Accupril)
- ramipril (Altace)
- trandolapril (Mavik)

Angiotensin Receptor Blockers

- azilsartan medoxomil (Edarbi)
- candesartan (Atacand)
- eprosartan (Teveten)
- irbesartan (Avapro)
- losartan (Cozaar)
- olmesartan (Benicar)
- telmisartan (Micardis)
- valsartan (Diovan, Prexxartan)

FOR INTERNAL USE ONLY

Date: _____ Patient Name: _____ DOB: _____

PLAN: ***Check with surgery scheduler for OR availability before scheduling an appointment***

See PCP first: Y N PCP Name & location: _____

VH precautions: Y N NPO at appt: Y N Overnight bag: Y N

Driver needed: Y N Notified to fax notes: Y N INR report: Y N

Communication to Front Desk:

Retina Consultants Appt Scheduled: Y – Date & Provider: _____
 N _____

Possible surgery date: _____ Surgery Scheduler Advised _____

Patient advised to hold BP and anticoagulant meds 24 hours prior to surgery: Y N

Patient advised how to take blood thinners: Y N Will discuss at RC appt

Nurse Signature: _____ Date: _____

***Provide the information under the highlighted numbers to the physician; they will ask for additional information as needed.