Retina Consultants of Long Island

Doctors
Dr. Edward M. Stroh

Location
165 North Village Ave.
203
Rockville Centre,
NY 11570

Phone: 516-830-3992
Fax: 516-536-9530

Patient _____ Phone _____

Appointment Date _____ Time _____

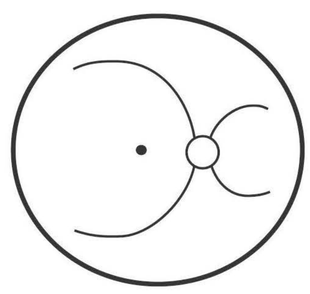
Referring Physician _____

Phone _____ Fax _____

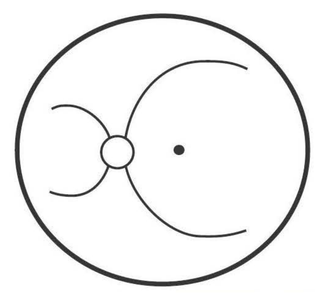
Diagnosis: ☐ OD ☐ OS ☐ OU

Indicate area of concern:

OD



OS



Reason for Consultation:

- ☐ Diabetic Retinopathy
- ☐ AMD
- ☐ Retinal Tear / Detachment
- ☐ Macular Edema, Macular Hole
- ☐ Macular Pucker/EpiRetinal Membrane
- ☐ VitreoMacular Adhesion
- ☐ IOL / Lens Problem
- ☐ Central / Branch Retinal Vein Occlusion
- ☐ Central / Branch Retinal Artery Occlusion
- ☐ Unexplained Visual Loss/ Unknown Maculopathy

Referral Instructions:

- ☐ Exam and Treatment
- ☐ Second Opinion
- ☐ Consultation
- ☐ FA / ICG Only
- ☐ B-Scan

Instructions to Patient:

Please bring this form with you to our office along with all of your medication bottles and eyedrops.

Patients Vision _____ OD _____

OS Best Refraction _____ OD _____ OS

and Tonometry: OD _____ OS _____