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John E. Thordsen, MD
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Kurt T. Scavelli, MD
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NC RETINA ASSOCIATES

Office (919) 782-8038 Fax (919) 782-8189 www.ncretina.com

Raleigh • North Raleigh • Cary • Chapel Hill •

Wake Forest • Fuquay-Varina • Clayton • Greenville • Sanford

Referral Form

Date: _____

Urgency:

- ☐ Urgent (Same Day, OR Within 1-3 Days, Please Call to Schedule)
- ☐ Within 1 Week
- ☐ Next Available

Referring Provider: _____

Office Location: _____

Patient Name: _____ Dob: _____

Phone: _____ Email: _____

Address: _____

Primary Medical Insurance: _____

Secondary Medical Insurance: _____

Reason For Referral

Visual Acuity | OD: _____ OS: _____

- ☐ Retinal Detachment
- ☐ Retinal Tear
- ☐ Retinal Hole
- ☐ Macular Hole
- ☐ Epiretinal Membrane
- ☐ Uveitis
- ☐ Diabetic Retinopathy
- ☐ Retinal Hemorrhage
- ☐ Retinal Vein Occlusion
- ☐ Macular Degeneration
- ☐ Drusen
- ☐ Visual Disturbances (Flashes, Floaters, Shadows)
- ☐ Other _____

Requested Location:

- ☐ **Raleigh** (4414 Lake Boone Trail, Suite 302, Raleigh, NC 27607)
- ☐ **Wake Forest** (3113 Rogers Rd, Suite 200, Wake Forest, NC 27587)
- ☐ **Cary** (106 Ridge View Dr, Suite 100, Cary, NC 27511)
- ☐ **Clayton** (220 Springbrook Ave, Suite 100, Clayton, NC 27520)
- ☐ **North Raleigh** (5900 Six Forks Rd, Suite 105, Raleigh, NC 27609)
- ☐ **Chapel Hill** (120 Conner Dr, Suite 100, Chapel Hill, NC 27514)
- ☐ **Fuquay- Varina** (1006 Procure St, Ste 300, Fuquay-Varina, NC 27526)
- ☐ **Sanford** (1212 Central Dr, Suite 102, Sanford, NC 27330)
- ☐ **Greenville** (2613 W. Arlington Blvd, Suite 102, Greenville, NC 27834)

**Please include the most recent visit note, demographics, copy of medical insurance card(s), and this form when faxing the referral. We will contact your patient at our earliest convenience.*

We ask that you inform your patient to be prepared for any possible co-pay expected with their insurance, which is due at the time of service, and that dilation will occur at the appointment.

Please call our office if your patient needs an emergent/ urgent appointment.

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