Wyoming Retina
Associates, PC

Douglas L. Holmes, M.D.
307 S. Jackson St.
Casper, WY 82601
Phone: (307) 237-3937 Fax: (307) 237-0670

Consultation Request

URGENT ☐
WITHIN A WEEK ☐
NEXT AVAILABLE ☐

PATIENT NAME:_____ **DOB:**_____

ADDRESS:_____ **Female**_____**Male**_____

TELEPHONE:_____ **EYE:OS**_____**OD**_____

REASON FOR REFERRAL/DIAGNOSIS:_____

VISION COMPLAINTS: _____

VISUAL ACUITY: OD 20/_____ **OS 20/**_____

PERTINENT MEDICAL HISTORY/MEDICATIONS/ALLERGIES:_____

OCULAR HISTORY/MEDICATIONS:_____

PREVIOUS LASER SURGERY _____**YES or** _____ **NO**
IF YES, DATE(S) SURGERY WAS PERFORMED _____

IF YES, NAME OF SURGEON _____

COMMENTS/ SPECIAL REQUESTS:_____

_____ _____
Referring Doctor (signature) **Date**

_____
Referring Doctor (print)