HARVEY
(708) 596-8710
(708) 596-9820 Fax
☐ Joseph M. Civantos, MD
☐ Sara Fard, MD
☐ Sarah Syeda, MD

INDIANA
(219) 922-9888
(219) 922-9088 Fax
☐ Ramon Lee, MD
☐ Kourous A. Rezaei, MD
☐ Nicole Somani, MD, MPH

FLOSSMOOR
(708) 647-9211
(708) 647-9333 Fax
☐ Sohail J. Hasan, MD, PhD
☐ Ramon Lee, MD
☐ Sarah Syeda, MD

ORLAND PARK
(708) 364-3240
(708) 364-7252 Fax
☐ Sohail J. Hasan, MD, PhD
☐ Ramon Lee, MD
☐ Sarah Syeda, MD

JOLIET
(815) 744-7515
(815) 744-7661 Fax
☐ Joseph M. Civantos, MD
☐ Henry L. Feng, MD
☐ John S. Pollack, MD

HINSDALE
(630) 789-5700
(630) 789-5702 Fax
☐ Joseph M. Civantos, MD
☐ Henry L. Feng, MD

OAK PARK
(708) 660-8450
(708) 660-8454 Fax
☐ Henry L. Feng, MD
☐ Mathew W. MacCumber, MD, PhD
☐ Veena Raiji, MD, MPH
☐ Naryan S. Sabherwal, MD
☐ E. Anne Shepherd, MD
☐ Nicole Somani, MD, MPH
☐ Sarah Syeda, MD

RUSH
(312) 942-2117
(312) 563-2607 Fax
☐ Jack A. Cohen, MD
☐ Sara Fard, MD
☐ Henry L. Feng, MD
☐ Mathew W. MacCumber, MD, PhD
☐ Veena Raiji, MD, MPH
☐ Naryan S. Sabherwal, MD

LOOP
(312) 726-4949
(312) 726-2368 Fax
☐ Vivek Chaturvedi, MD
☐ Veena Raiji, MD, MPH
☐ Naryan S. Sabherwal, MD
☐ E. Anne Shepherd, MD

LINCOLN PARK
(773) 871-8444
(773) 871-4781 Fax
☐ Mathew W. MacCumber, MD, PhD
☐ Vivek Chaturvedi, MD
☐ E. Anne Shepherd, MD

SKOKIE
(847) 677-1340
(847) 677-2713 Fax
☐ Jack A. Cohen, MD
☐ Neha Gupta, MD
☐ Zac B. Ravage, MD

LIBERTYVILLE
(847) 367-6911
(847) 367-6929 Fax
☐ Jack A. Cohen, MD
☐ Neha Gupta, MD
☐ Zac B. Ravage, MD

GLENVIEW
(847) 773-4567
(847) 773-4565 Fax
☐ Neha Gupta, MD
☐ Veena Raiji, MD, MPH
☐ J.D. Wilgucki II, MD

ILLINOIS RETINA ASSOCIATES
THE RETINA CENTER

REFERRAL FORM

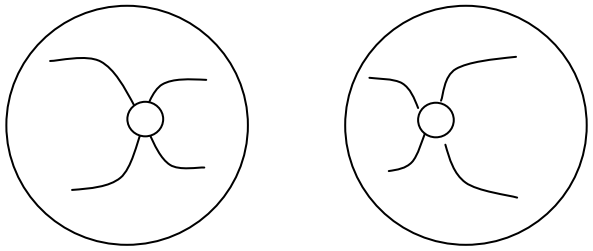
I am sending this patient to you for assistance with his/her care. Please evaluate this patient's problem(s) or condition(s).

DATE	PATIENT NAME	PATIENT D.O.B.	PATIENT PHONE

NEAR VISION	Eye	Without Correction	With Correction
	RE		
	LE		

	DILATE BOTH EYES	SPECIAL DILATING INSTRUCTIONS
YES		
NO		

Ocular History: (Diagnostic justification for each eye if tests ordered)	
RE	
LE	

PROCEDURE	PLEASE INDICATE AREAS OF SPECIAL INTEREST ON DRAWING
☐ Retinal Examination with Diagnostic Tests and Treatment, if indicated	
☐ Retinal Examination Only	
☐ Fluorescein Angiogram & Color Photographs Transit RE / LE	
☐ Color Photographs	
☐ OCT	
☐ Ultrasound	
☐ Other	

PRINTED REFERRAL NAME _____

www.illinoisretina.com **REFERRAL SIGNATURE** _____