HARVEY
71 West 156th Street #400
Harvey, IL 60426
(708) 596-8710
(708) 596-9820 Fax
☐ Joseph M. Civantos, M.D.
☐ Jack A. Cohen, M.D.

INDIANA
10110 Donald S. Powers Drive
Suite 101-A
Munster, IN 46321
(219) 922-9888
(219) 922-9088 Fax
☐ Ramon Lee, M.D.
☐ Kourous A. Rezaei, M.D.

FLOSSMOOR
Ingalls Family Care Center
19550 Governors Hwy #3600
Flossmoor, IL 60422
(708) 647-9211
(708) 647-9333 Fax
☐ Sohail J. Hasan, M.D., Ph.D.
☐ Ramon Lee, M.D.

ORLAND PARK
Palos Health
15300 West Ave., Building C
Orland Park, IL 60462
(708) 364-3240
(708) 364-7252 Fax
☐ Sohail J. Hasan, M.D., Ph.D.
☐ Ramon Lee, M.D.

JOLIET
300 Barney Drive #D
Joliet, IL 60435
(815) 744-7515
(815) 744-7661 Fax
☐ Joseph M. Civantos, M.D.
☐ John S. Pollack, M.D.

HINSDALE
12 Salt Creek Lane #110
Hinsdale, IL 60521
(630) 789-5700
(630) 789-5702 Fax
☐ Joseph M. Civantos, M.D.
☐ John S. Pollack, M.D.

OAK PARK
610 South Maple Avenue #1700
Oak Park, IL 60304
(708) 660-8450
(708) 660-8454 Fax
☐ Mathew W. MacCumber, M.D., Ph.D.
☐ Veena Raiji, M.D.
☐ Naryan S. Sabherwal, M.D.

RUSH
1725 West Harrison Street #915
Chicago, IL 60612
(312) 942-2117
(312) 563-2607 Fax
☐ Jack A. Cohen, M.D.
☐ Mathew W. MacCumber, M.D., Ph.D.
☐ Veena Raiji, M.D.
☐ Naryan S. Sabherwal, M.D.

LOOP
25 East Washington Street #301
Chicago, IL 60602
(312) 726-4949
(312) 726-2368 Fax
☐ Vivek Chaturvedi, M.D.
☐ Veena Raiji, M.D.
☐ Naryan S. Sabherwal, M.D.

LINCOLN PARK
2845 North Sheridan Road #900
Chicago, IL 60657
(773) 871-8444
(773) 871-4781 Fax
☐ Mathew W. MacCumber, M.D., Ph.D.
☐ Vivek Chaturvedi, M.D.

SKOKIE
4711 West Golf Road #102
Skokie, IL 60076
(847) 677-1340
(847) 677-2713 Fax
☐ Jack A. Cohen, M.D.
☐ Zac B. Ravage, M.D.

LIBERTYVILLE
1800 Hollister Drive #207
Libertyville, IL 60048
(847) 367-6911
(847) 367-6929 Fax
☐ Jack A. Cohen, M.D.
☐ Zac B. Ravage, M.D.

LLINOIS RETINA ASSOCIATES, S.C.
THE RETINA CENTER

REFERRAL FORM

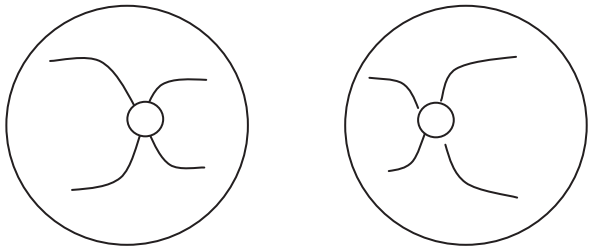
I am sending this patient to you for assistance with his/her care. Please evaluate this patient's problem(s) or condition(s).

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

20-20	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 _____

REFERRAL SIGNATURE _____