



# Retina Consultants of Oklahoma, PLLC

Lance V. Scott, MD | Jordan S. Johnson, MD | Vinay A. Shah, MD

9821 S. May Ave, Suite C, Oklahoma City, OK 73159

P: 405-691-0505 | F: 405-691-0507 | email: [info@retinaokc.com](mailto:info@retinaokc.com)



## Referral/New Patient Inquiry

Please have the patient scheduled:

Same Day     Next Day     Within 1 Week     Within 2 Weeks

**For urgent referral (same/next day), please call our office 405-691-0505.**

Referring Physician: \_\_\_\_\_

Reason for Referral/Visit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Preferred Location:**

**North Location:**  
Baptist/Integris Hospital Building D  
3366 NW. Expressway, Suite 670  
Oklahoma City, OK 73112

**Ardmore Location:**  
2408 North Commerce St.  
Ardmore, OK 73401

**South Location:**  
9821 South May Avenue, Suite C  
Oklahoma City, OK 73159

**Norman Location:**  
3311 West Rock Creek Rd, Suite 120  
Norman, OK 73072

**Lawton Location:**  
1313 West Gore BLVD  
Lawton, OK 73501

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Primary Insurance:** \_\_\_\_\_

(Please send a copy of the card if available)

**ID#** \_\_\_\_\_

**Group#** \_\_\_\_\_

If HMO, Medicaid, Tricare, Global, IHS or any other plan requires a referral or authorization, please include referral/auth information. We cannot schedule without a referral/auth information. Please complete the form and include the following via fax at 405-691-0507 or email [info@retinaokc.com](mailto:info@retinaokc.com).

- **Demographics, including a copy of the Insurance card**
- **Last Exam Note**
- **Authorization and/or referral**

\*\*\*We will fax or email your office confirming the appointment. If you don't hear from us within 48 hours with non-emergency referrals, please call us and let us know.\*\*\*

How would you like to be notified of the results of the consultation?

**Mail the report to:** \_\_\_\_\_

**Fax the report to:** \_\_\_\_\_

**Email the report to:** \_\_\_\_\_