Retina Consultants of Oklahoma, PLLC

Lance V. Scott, M.D. | Jordan S. Johnson, M.D. | Vinay A. Shah, M.D. | Brian K. Firestone, M.D.
9821 S. May Ave, Suite C, Oklahoma City, OK 73159
P: 405-691-0505 | F: 405-691-0507 | email: info@retinaokc.com

Referral/New Patient Inquiry

Please have the patient scheduled:

☐ Same Day ☐ Next Day ☐ Within 1 Week ☐ Within 2 Weeks

If this is an urgent referral, please call our office 405-691-0505.

Referring Physician: _____

Reason for Referral/Visit: _____

_____

_____

☐ Lance V. Scott, M.D. ☐ Jordan S. Johnson, M.D.

☐ Vinay A. Shah, M.D. ☐ Brian K. Firestone, M.D.

Preferred Location:

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

North Location (select one):
☐ **Retina**
☐ **Ocular Oncology**
Baptist/Integris Hospital Building D
3366 NW. Expressway, Suite 670
Oklahoma City, OK 73112

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

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

☐ **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.

- **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:** _____