CHICAGOLAND RETINAL CONSULTANTS LLC

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AHMED ABDELSALAM, MD, FACS
WENDEWESSEN AMDE, MD
ROBERT PEARLMAN, MD

Consultation Form

Date: ____/____/____

Patient Information

Name: ______________________________
Last First M.I.

Phone: ______________ Date of Birth: ______________
Month Day Year

Referring Physician Information

Name: ______________________________
Last First M.I.

Phone: ______________ Fax: ______________

Address: ______________________________

____
City State Zip

Insurance Information

Provider: ______________________________

For routine exams, a valid referral authorization from the patient's insurance provider should be faxed or mailed to the office at least two days prior to the appointment.

Reason for Referral/Tentative Diagnosis

Please check all relevant box/es

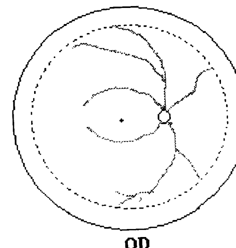
- ☐ Diabetic Exam (Background or Proliferative disease)
- ☐ Posterior Vitreous Detachment / Possible Retinal Tear
- ☐ Retinal Detachment
- ☐ Age-Related Macular Degeneration
- ☐ Macular Hole
- ☐ Artery Occlusion / Vein Occlusion
- ☐ Uveitis / Endophthalmitis
- ☐ Cystoid macular edema
- ☐ Retained Lens material, Dislocated Lens
- ☐ CMV Retinitis/HIV Retinopathy
- ☐ Other ______________

☐ **Consultation only** ☐ **Consultation and Treatment**

Diagnostic Test/s requested

Please check all relevant box/es

- ☐ Fundus Photos ☐ Right ☐ Left ☐ Both
- ☐ Fluorescein Angiogram ☐ Right ☐ Left ☐ Both
- ☐ OCT ☐ Right ☐ Left ☐ Both
- ☐ B- Scan Ultrasound ☐ Right ☐ Left ☐ Both
- ☐ ICG ☐ Right ☐ Left ☐ Both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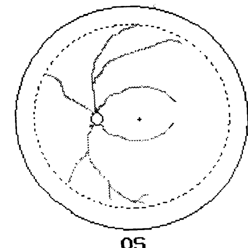
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Please bring these items for your appointment:

- Insurance Cards & ID
- HMO Authorizations
- List of Medications
- Names, Address, City, Phone Number of Family Physician and Referring Ophthalmologist
- Plan on being in office approximately 2 1/2 - 3 hours - you may need someone to drive

Signature: ______________________________

MILLENNIUM PARK/LOOP
The Kemper Building
1 E Wacker Drive
Suite 3550
Chicago, IL 60601
TEL: 312 527 1880
FAX: 312 527 2747

STICKNEY
4401 S Harlem Avenue
Stickney, IL 60402
TEL: 708 484 8500
FAX: 708 484 8501

SWEDISH COVENANT
Foster Medical Pavilion
5215 N California Avenue
Suite F801
Chicago, IL 60625
TEL: 773 561 5100
FAX: 773 561 5900

SYCAMORE
1630 Gateway Drive
Sycamore, IL 60178
TEL: 815 756 8571
FAX: 815 756 5603