

# CONSULT REQUEST FORM

## PLEASE FAX THIS FORM TO OUR OFFICE

**Patient Information**

\_\_\_\_\_  
 Last Name                      First Name                      Phone Number

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referring diagnosis: OD   OS   OU \_\_\_\_\_

Comments \_\_\_\_\_

**Services Requested**

*Type of appointment*

- Emergency (Today or tomorrow)
- Urgent (3 to 4 days)
- Routine

*Type of service*

- Evaluation and treatment
- Evaluation *only*
- Second opinion
- Ultrasonography
- Electrophysiology
- Special tests*
  - Fluorescein angiography
  - Optical coherence tomography
  - Indocyanine green angiography
  - Any required

**Referring Doctor Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Office Requested: (RACI Office phone numbers & addresses are on the back of this form)**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Akron<br>FAX: 330-869-0864          | <input type="checkbox"/> Dover<br>FAX: 330-602-7500  | <input type="checkbox"/> Mentor<br>FAX: 440-205-4400          | <input type="checkbox"/> Warren<br>FAX: 330-856-9946     |
| <input type="checkbox"/> Beachwood<br>FAX: 216-831-1959      | <input type="checkbox"/> Lorain<br>FAX: 440-233-6108 | <input type="checkbox"/> Middleburg Hts.<br>FAX: 440-663-0032 | <input type="checkbox"/> Westlake<br>FAX: 440-835-2150   |
| <input type="checkbox"/> Canton<br>FAX: 330-966-9803         | <input type="checkbox"/> Medina<br>FAX: 330-721-2783 | <input type="checkbox"/> Strongsville<br>FAX: 440-663-0032    | <input type="checkbox"/> Youngstown<br>FAX: 330-759-0981 |
| <input type="checkbox"/> Cuyahoga Falls<br>FAX: 330-922-9861 |  |   |  |

**Physician Requested:**  Any Physician

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Joseph M. Coney, MD, FACS | <input type="checkbox"/> Michael A. Novak, MD    | <input type="checkbox"/> David Shieh, MD              |
| <input type="checkbox"/> Lediana Goduni, MD        | <input type="checkbox"/> Scott D. Pendergast, MD | <input type="checkbox"/> Lawrence Singerman, MD, FACS |
| <input type="checkbox"/> Thomas P. Hull, MD        | <input type="checkbox"/> Hang Pham, MD           | <input type="checkbox"/> Thomas J. Tsai, MD           |
| <input type="checkbox"/> Shawn A. Lewis, MD        | <input type="checkbox"/> Sean M. Platt, MD       | <input type="checkbox"/> Shawn C. Wilker, MD          |
| <input type="checkbox"/> David G. Miller, MD       | <input type="checkbox"/> Llewelyn J. Rao, MD     |   |
| <input type="checkbox"/> Arnold F. Nothnagel, DO   | <input type="checkbox"/> Jerome P. Schartman, MD |   |



## Offices:

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690 White Pond Dr., Suite 120  
**Akron, OH 44320**  
330-869-0738

Clinic & Administrative Office  
24075 Commerce Park  
**Beachwood, OH 44122**  
216-831-5700

4334 Munson St. NW, Suite 100  
**Canton, OH 44718**  
330-966-9800

1350 Portage Trail  
**Cuyahoga Falls, OH 44223**  
330-922-9860

340 Oxford St., Suite 210  
**Dover, OH 44622**  
330-602-8351

6100 S. Broadway Ave., Suite 200  
**Lorain, OH 44053**  
440-233-6100

3591 Reserve Commons Dr.  
Suite 101  
**Medina, OH 44256**  
330-721-2727

9485 Mentor Ave., Suite 110  
East Entrance  
**Mentor, OH 44060**  
440-205-4444

15299 Bagley Rd., Suite 200  
**Middleburg Hts., OH 44130**  
440-663-0022

17534 Royalton Rd., Suite 201  
**Strongsville, OH 44136**  
440-238-8900

170 North Rd. NE  
**Warren, OH 44483**  
330-856-2238

4350 Crocker Rd., Suite 200  
**Westlake, OH 44145**  
440-835-0060

5390 Belmont Ave.  
**Youngstown, OH 44505**  
330-759-8777