

ASSOCIATED RETINAL CONSULTANTS, P.C.

Diseases and Surgery of the Retina and Vitreous

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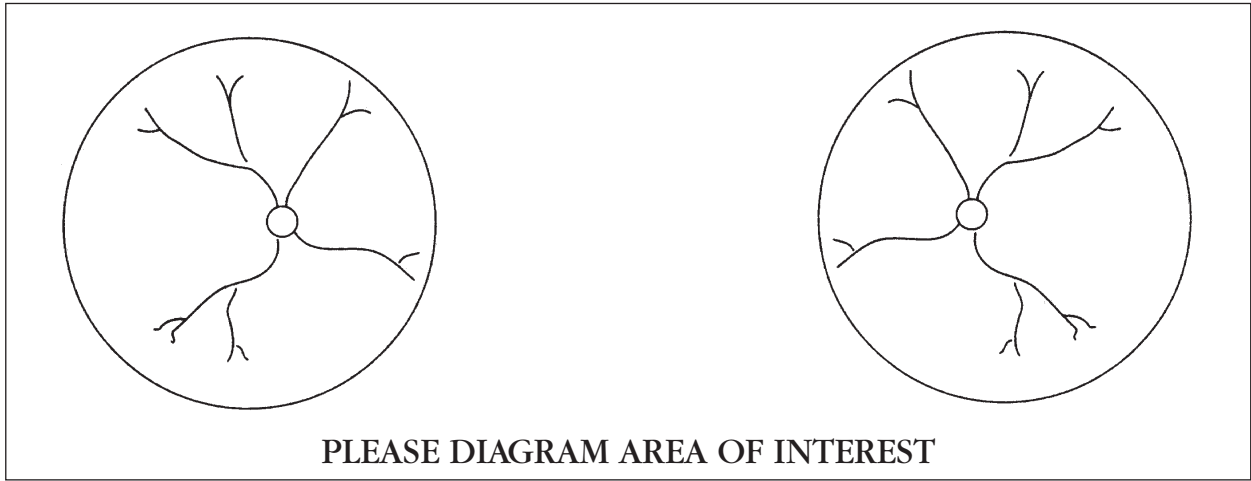
Patient Name: _____ Date: _____

Referred By: _____ VA: OD _____ OS _____

Diagnosis/Reason For Referral: _____

Retinal Consultation

- Retinal Consultation with Diagnostic Test If Indicated
- Retinal Consultation Only
- Fluorescein Angiography OD _____ OS _____ OU _____ Transit? _____
- Color Photographs OD _____ OS _____ OU _____
- Indocyanine Green Angiography OD _____ OS _____ OU _____ Transit? _____
(Royal Oak & Traverse City Offices Only)
- OCT OD _____ OS _____ OU _____
- Diagnostic Ultrasound



Preferred Location

- Big Rapids (616) 942-2406
- East China (810) 329-9045
- Fort Gratiot (810) 385-3600
- Gaylord (989) 448-0937
- Grand Rapids (616) 942-2406
- Lansing (734) 572-1200
- Livonia (734) 464-2300
- Norton Shores (231) 733-7832
- Petoskey (231) 439-9230
- Port Huron (248) 652-7400
- Rochester (248) 652-7400
- Royal Oak (248) 288-2280
- St. Clair Shores (586) 552-2092
- Traverse City (231) 938-0710
- Wyandotte (734) 720-0906
- Ypsilanti (734) 572-1200