



Retina Institute of the Carolinas
&
The Macular Degeneration Center

Referral Form

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Suite 503
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p. 704.332.1700
f. 704.347.2710

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Suite B2
Gastonia, NC 28056

p. 704.864.7722
f. 704.864.7882

701 E. Roosevelt Boulevard
Suite 300A
Monroe, NC 28112

p. 704.238.9900
f. 704.238.9800

724 Arden Lane
Suite 220
Rock Hill, SC 29732

p. 803.323.2020
f. 803.323.2024

Referring Physician: _____ Date: _____

Patient Name: _____

Phone: (____) _____ DOB: _____

Insurance#: _____

- | | |
|--|--|
| <input type="radio"/> Aetna | <input type="radio"/> Optimum Choice |
| <input type="radio"/> Alliance PPO | <input type="radio"/> PHS |
| <input type="radio"/> Blue Cross/Blue Shield | <input type="radio"/> Piedmont Health Alliance |
| <input type="radio"/> Cigna | <input type="radio"/> Primary Physician Care |
| <input type="radio"/> Healthcare Savings | <input type="radio"/> Private Healthcare |
| <input type="radio"/> Humana | <input type="radio"/> Tricare |
| <input type="radio"/> Kanawha | <input type="radio"/> Tyson Preferred Network |
| <input type="radio"/> Medicaid | <input type="radio"/> US Healthcare |
| <input type="radio"/> Medicare | <input type="radio"/> Self-Pay |
| <input type="radio"/> MAMSI | <input type="radio"/> Other: _____ |
| <input type="radio"/> One Health Plan | _____ |
| <input type="radio"/> Opticare | _____ |

Reason:

- | | |
|---------------------------------------|--------------------------------------|
| <input type="radio"/> ARMD | <input type="radio"/> Post-op CME |
| <input type="radio"/> CNVM | <input type="radio"/> RD |
| <input type="radio"/> CSME | <input type="radio"/> Uveitis |
| <input type="radio"/> Endophthalmitis | <input type="radio"/> Vit Heme |
| <input type="radio"/> Macular Hole | <input type="radio"/> Vein Occlusion |
| <input type="radio"/> Macular Pucker | <input type="radio"/> Other: _____ |
| <input type="radio"/> NVG | _____ |

Notes: _____