



**Denton R. Roberts, M.D.**  
**James B. Earl, M.D., Ph.D.**  
Board Certified Ophthalmologists  
Fellowship-Trained Vitreoretinal  
Surgeons

Referring Doctor: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Appointment Date/Time: \_\_\_\_\_

**Reason for Consult:**

- |  |  |
|--|--|
| <input type="checkbox"/> Macular Degeneration                    | <input type="checkbox"/> Macular Pucker        |
| <input type="checkbox"/> Uveitis                                 | <input type="checkbox"/> Diabetic Retinopathy  |
| <input type="checkbox"/> Retinal Detachment                      | <input type="checkbox"/> Tapetoretinal Disease |
| <input type="checkbox"/> Ocular Trauma                           | <input type="checkbox"/> Flashes and Floaters  |
| <input type="checkbox"/> Branch/Central Retinal Vein Occlusion   | <input type="checkbox"/> Macular Hole          |
| <input type="checkbox"/> Branch/Central Retinal Artery Occlusion | <input type="checkbox"/> Retinal Tear          |

**Map & Address on Back**

Comments: \_\_\_\_\_

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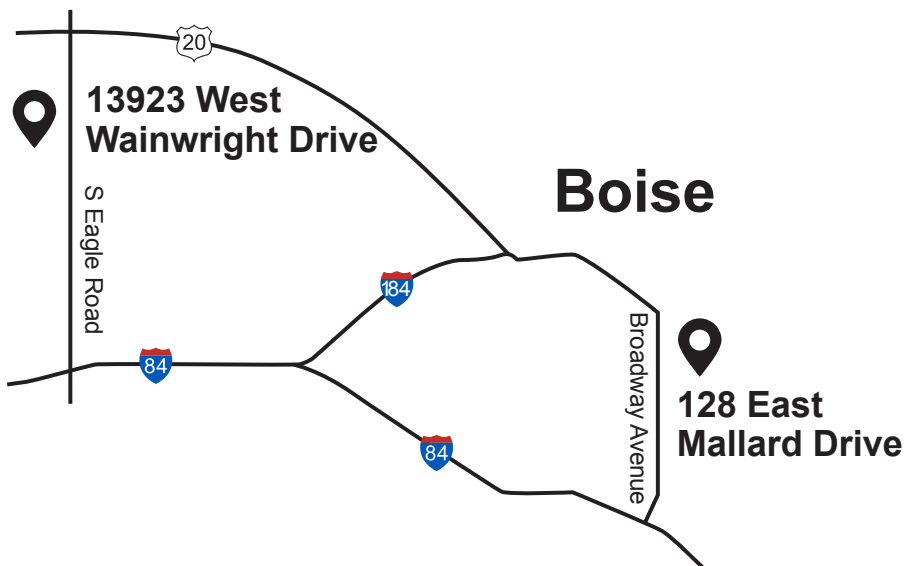
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