Retina Specialists of Idaho, PLLC

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:

- ❑ Macular Degeneration
- ❑ Uveitis
- ❑ Retinal Detachment
- ❑ Ocular Trauma
- ❑ Branch/Central Retinal Vein Occlusion
- ❑ Branch/Central Retinal Artery Occlusion
- ❑ Macular Pucker
- ❑ Diabetic Retinopathy
- ❑ Tapetoretinal Disease
- ❑ Flashes and Floaters
- ❑ Macular Hole
- ❑ Retinal Tear

Map & Address on Back

Comments: _____