

Phone 605-341-9190
Fax 605-719-3321

Dr. Prema Abraham 2800 Third Street Rapid City, SD 57701

Referring Optometrists Office – Please call to alert BHREI of the RD with the answers to the following questions. Paperwork can be faxed after the phone call is complete.

Please Print
PATIENTS NAME: _____ DOB/AGE _____

PATIENT HOME PHONE _____ PATIENT CELL PHONE _____

INSURANCE: _____

***Self Pay Patients- Payment in full is required at the time of service.**

REFERRING DOCTOR: _____

RD Pre-Appointment Questions

MACULA ON MACULA OFF

OS OD

WHEN DID THE RD OCCUR? _____

WAS IT AN INJURY? _____

DESCRIBE THE EXTENT OF RD _____

LOCATION OF TEARS _____

WHAT IS THE PATIENTS VISION TODAY? _____

LENSE STATUS (PSEUDOPHAKIC) _____

IF PSEUDO, WHAT IS THE PRE CATARACT REFRACTION? _____

WHAT IS THE PATIENTS REFRACTIVE ERROR PRIOR TO THE RD? _____

IS THE PATIENT ON ASA OR BLOOD THINNERS ASA BLOOD THINNERS

DOES THE PATIENT HAVE ANY MAJOR HEALTH PROBLEMS? Yes No

EXPLAIN: _____

REFERRING OPTOMETRISTS SIGNATURE: _____ DATE: _____

*Please note - **Macula-on** retinal detachment will be urgent.
Macula-off can be scheduled usually within the next few days. Typically there is no urgency to schedule the patient that day.