

# Watson Retina Center – Referral Form

Richard Watson, MD - Retina Specialist  
4505 Pine Tree Cir. Suite 120, Vestavia, AL 35243  
Phone: (205) 637-7123 | Fax: (205) 831-2729  
[www.WatsonRetina.com](http://www.WatsonRetina.com)

You can refer a patient in whatever way is most convenient for your office:

- Call: (205) 637-7123
- Or fax this form / your note to: (205) 831-2729 – we will call the patient to schedule

**Patient name:** \_\_\_\_\_

**Patient DOB:** \_\_\_\_\_

**Patient insurance (carrier and ID #):** \_\_\_\_\_

**Patient phone number:** \_\_\_\_\_

**Referring provider:** \_\_\_\_\_

**Reason for referral (check all that apply):**

**Eye(s):** ☐ OD ☐ OS ☐ OU

**Urgency:** ☐ Same day (urgent) ☐ Within 1 week ☐ Next available

**Condition:**

☐ Diabetic retinopathy / DME

☐ Macular degeneration

(☐ dry / ☐ suspected wet)

☐ Retinal vein occlusion

☐ Retinal tear / detachment

(☐ suspected / ☐ confirmed)

☐ Macular hole/ epiretinal membrane

☐ Other: \_\_\_\_\_

**Brief description / key findings:**

---

---

---

---

**Preferred involvement:**

☐ Consultation; Shared ongoing care (co-management)

☐ Transfer care to Dr. Watson