



Retina Expert

Asheesh Tewari, MD

Request for Retinal Consultation

Date: _____

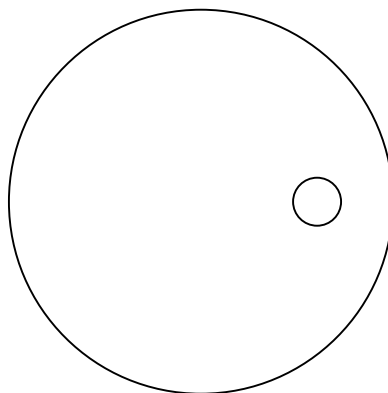
Dr. Tewari:

Please evaluate this patient's condition. I look forward to receiving your opinion and advice regarding care of this patient and will resume general care following your consultation.

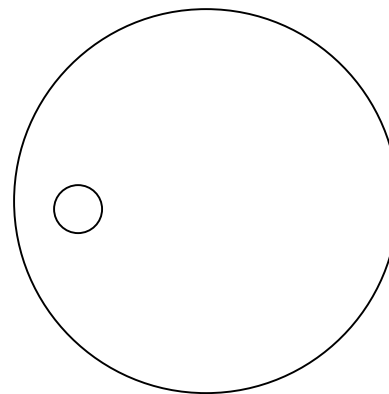
Patient Name: _____

Referred By: _____

Brief Summary of Problem:



OD



OS

Dearborn
25230 Michigan Avenue
Dearborn, MI 48124

Ann Arbor
Reichert Health Building
5333 McAuley Dr, Suite #4011
Ypsilanti, MI 48197

Detroit
Kresge Eye Institute
4717 St. Antoine
Detroit, MI 48201