

Phone 605-341-9190  
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**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.