



**Avera**   
**Medical Group**  
 Ophthalmology  
 Sioux Falls

Plaza 2  
 1301 S. Cliff Ave. | Suite 220  
 Sioux Falls, SD 57105  
 (605) 322-3790

**EYE CARE**  
 At Avera.

**IMAGING REQUEST FORM**

REFERRING PHYSICIAN

ADDRESS

PATIENT NAME

PHONE NUMBER

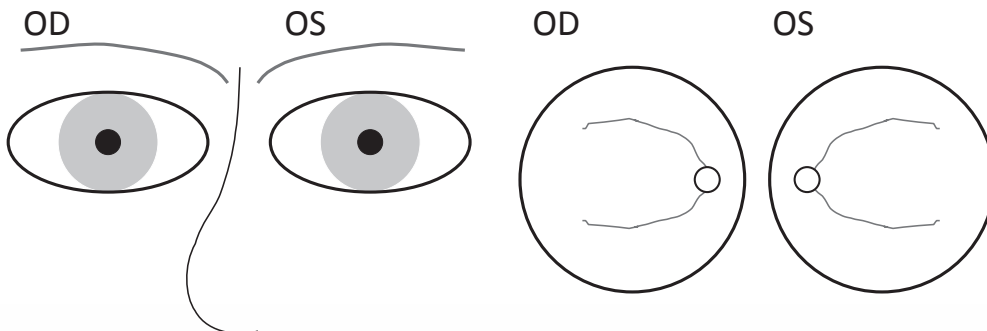
DATE OF BIRTH

DIAGNOSIS

**IMAGING TYPE:**

- |   |  |
|---|--|
| <input type="checkbox"/> Retinal OCT                | <input type="checkbox"/> Autofluorescence Imaging      |
| <input type="checkbox"/> Anterior Segment OCT       | <input type="checkbox"/> Fundus Photography            |
| <input type="checkbox"/> Optic Nerve OCT            | <input type="checkbox"/> External Photography          |
| <input type="checkbox"/> Nerve Fiber Layer Analysis | <input type="checkbox"/> Corneal Topography            |
| <input type="checkbox"/> Fluorescein Angiography    | <input type="checkbox"/> Visual Field                  |
| <input type="checkbox"/> With Doctor Interpretation | <input type="checkbox"/> Without Doctor Interpretation |

**MARK AREAS OF CONCERN**



Please fax this form and patient insurance information to **(605) 322-3791**