

Patient Name: _____

Referring Physician: _____ Date: _____

Reason for Consultation: _____

<p>Retina Consultants, Ltd University Medical Center 2829 S University Drive, Suite 204 Fargo, ND 58103</p>	<p>701-293-9829 877-503-0251 (toll free) 701-293-0111 (fax) Phones are answered 24 hours</p>
<p>www.fargoretina.com</p>	

APPOINTMENT CARD

Your appointment at Retina Consultants has been scheduled with

Max R Johnson, MD Marina Gilca, MD
 on Mon. Tues. Wed. Thurs. Fri.

Date: _____ Time: _____

Reminders when visiting our office:

• Your appointment will last 2-4 hours	• Bring a list of your medications
• Your eyes will be dilated	• Bring a list of your allergies
• Arrange to have a driver	• Bring your medical insurance cards
• Eat before your visit (especially diabetics)	• Bring your eye glasses & sunglasses

If unable to keep appointment, kindly give 24 hours notice. Thank you.

