



RETINA CONSULTANTS OF HAWAII

**GREGG T. KOKAME, MD & JAMES C. LAI, MD &
RAYMOND WEE, MD**

Eye Physicians and Surgeons
Diseases and Surgery of the Retina, Macula and Vitreous

Your doctor has scheduled you for an appointment with
Retina Consultants of Hawaii on:

_____ at _____ am/pm at our:

- Kuakini (Honolulu) Pali Momi (Pearl Ridge)
- Queens (POB 1) Maui (Aloha Eye Clinic)
- Kauai Clinic

Please remember:

- Your eyes will be dilated
- If possible please arrange for a driver to bring you
- Bring a list of all your medications
- Bring all your insurance cards with you
- Bring your glasses, contact lens/contact lens case

We look forward to assisting in your care.

Date: _____

Patient Name: _____

Referring Doctor: _____

Reason for consult: _____

Referral Instructions:

- Consult Consult and Treatment B-Scan
- FA ICG OCT Other: _____

Please phone fax mail findings.

**PLEASE BRING THIS FORM WITH YOU ON THE DAY
OF YOUR APPOINTMENT**