



Retina Consultants
of Southwest Florida®

EXPERIENCE THE DIFFERENCE®

Joseph P. Walker, M.D., Glenn L. Wing, M.D., Paul A. Raskauskas, M.D., Tom Ghuman, M.D., Ashish G. Sharma, M.D.

Request For Care:

Patient Name: _____ Patient Phone Number: _____

Referring Doctor: _____ Date: _____

Dear Retina Consultants,

I am referring this patient to you for assistance with his/her care. Please evaluate the following condition (s):

I am referring this patient to you for possible participation in a clinical research trial for:

I will look forward to receiving your correspondence regarding this patient and will resume general care as necessary.

Signed: _____

Please schedule this patient:

- The same day (phone contact please)
- The next day (phone contact please)
- Within _____ week (s)
- Next Available

How would you like to receive results?

- Mail
- Call with results to: _____
- Fax report to: _____
- Encrypted email to: _____

Please check the location you prefer:

Fort Myers
6901 International Center Bl.
Ft. Myers, FL 33912
Phone (239) 939-4323
Fax (239) 939-4712

Cape Coral
106 Del Prado Bl.
Cape Coral, FL 33990
Phone (239) 772-4323
Fax (239) 772-5031

Naples
2335 Tamiami Trail N.,
Suite #209
Naples, FL 34103
Phone (239) 263-3337
Fax (239) 263-0784

Port Charlotte
2525 Harbor Bl.,
Suite #302
Pt. Charlotte, FL 33952
Phone (941) 627-4422
Fax (941) 627-3738

Bonita Springs
3501 Health Center Bl.,
Suite #2170
Bonita Springs, FL 34135
Phone (239) 939-4323
Fax (239) 939-4712

Please submit this form via fax to 239-939-4712, or submit it electronically through our encrypted email system at eyemail@eye.md. Thank you so much for allowing us to participate in the care of your patient.