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: How would you like to receive results?

☐ The same day (phone contact please) ☐ Mail

☐ The next day (phone contact please) ☐ Call with results to: __________________________

☐ Within _____ week(s) ☐ Fax report to: __________________________

☐ Next Available ☐ 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.