



Date: \_\_\_\_\_

### REFERRAL FORM FOR SURGICAL/MEDICAL CONSULTATION

- To:**  Lee S. Friedman, M.D.                       Megan A. Rowlands, M.D., M.P.H.    Alan L. Mitchell, M.D.  
 Randy S. Katz, M.D.                               Steven M. Naidis, M.D.                       David A. Seamont, M.D.  
 Barry A. Schechter, M.D., F.A.A.O.    Jonathan M. Lam, M.D.                       James M. Walsh, O.D.  
 Jonathan S. Criss, M.D.

**Referring Doctor:** \_\_\_\_\_

**Referring Practice Address:** \_\_\_\_\_

**Referring Doctor Phone Number:** \_\_\_\_\_

**Patient needs to be seen:**    ASAP    1-2 Weeks    Next Available

- Reason For Referral:**    Cataract Consultation    Corneal Consultation    Glaucoma  
 Retinal Consultation    Adult Strabismus    LASIK  
 Pediatric Consultation    Other \_\_\_\_\_

**Patient Information:**

**Demographics: Name:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_                      **Appt. Date/Time:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_                      **Phone #:** \_\_\_\_\_                      **Alt. Phone #:** \_\_\_\_\_

- Please call patient to make an appointment    Patient will call to schedule an appointment

**Medical:**

<b>Rx:</b> OD _____ 20/ _____	<b>Refraction:</b> OD _____ 20/ _____
OS _____ 20/ _____	OS _____ 20/ _____
ADD _____ 20/ _____	ADD _____ 20/ _____

**Tonometry:** OD \_\_\_\_\_  
OS \_\_\_\_\_

**Medications:** \_\_\_\_\_  
\_\_\_\_\_

**Comments and/or Instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Co-management Requested:**    YES    NO

- Boca Raton:** 9980 Central Park Blvd., Suite 204, Boca Raton, FL 33428 • (561) 451-4514
- Boynton Beach:** 1717 Woolbright Rd., Boynton Beach, FL 33426 • (561) 737-5500
- Wellington:** 2575 State Road 7, Wellington, FL 33414 • (561) 792-1205
- West Boynton Beach:** 9868 S. State Road 7, Suite 240, Boynton Beach, FL 33472 • (561) 737-5500
- Mitchell Refractive Surgery & Eye Center:** 22023 State Road 7, Suite 102, Boca Raton, FL 33428 • (561) 451-0655

**Referral Fax:** (561) 709-4885

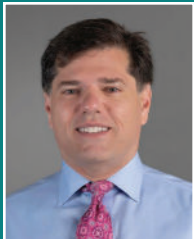




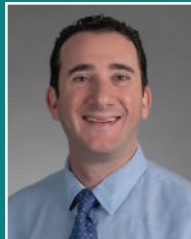
**Lee S. Friedman, M.D.**  
 Pediatric Ophthalmology,  
 Adult Strabismus  
 BR W



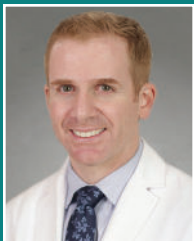
**Randy S. Katz, M.D.**  
 Macular Degeneration, Diabetic  
 Retinopathy, Medical & Surgical  
 Retina Disease  
 BB W



**Barry A. Schechter, M.D., F.A.A.O.**  
 Refractive Cataract Surgery,  
 Cornea, Glaucoma, External Disease,  
 Comprehensive Ophthalmology  
 BB



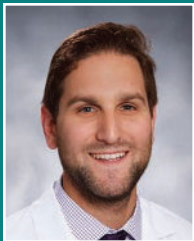
**Jonathan S. Criss, M.D.**  
 Refractive Cataract Surgery,  
 Medical & Surgical Ophthalmology  
 BR BB



**Steven M. Naidis, M.D.**  
 Refractive Cataract Surgery,  
 Cornea & External Disease,  
 Medical & Surgical Ophthalmology  
 W



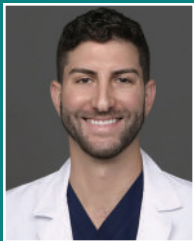
**Megan A. Rowlands, M.D., M.P.H.**  
 Refractive Cataract Surgery  
 Medical & Surgical Glaucoma  
 BB W



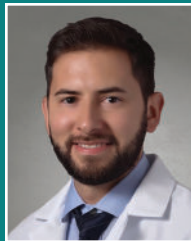
**Jonathan M. Lam, M.D.**  
 Refractive Cataract Surgery,  
 Cornea, Glaucoma, External Disease,  
 Medical & Surgical Ophthalmology,  
 Refractive Surgery  
 M



**Alan L. Mitchell, M.D.**  
 Comprehensive Ophthalmology,  
 Aesthetics  
 M



**David A. Seamont, M.D.**  
 Refractive Cataract Surgery,  
 Cornea, Glaucoma, External Disease,  
 Medical & Surgical Ophthalmology  
 BB WB



**James M. Walsh, O.D.**  
 Dry Eye, Comprehensive Optometry  
 BB W WB

**Boca Raton BR**

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 Suite 102  
 Boca Raton, FL 33428



**FLORIDA EYE**  
*Microsurgical Institute, Inc.*



**MITCHELL**  
 REFRACTIVE SURGERY & EYE CENTER