

MD Referral Form



Shannon Raines, COA, Referral Coordinator
Direct Line: (352) 622-1728
Main Line: (352) 622-5183
Referral Fax: (352) 622-7552
Retina Referrals, Please Fax Here: (352) 291-5215

Refer Patient To:

- Michael Morris, M.D. Cataract & Glaucoma Surgery/ Anterior Segment Disease
Peter J. Polack, M.D. Cornea, Cataract & Refractive Surgery/Anterior Segment Disease
Jodie A. Armstrong, M.D. Cataract Surgery/Anterior Segment Disease
Mohammed K. ElMallah, M.D. Cataract & Glaucoma Surgery/ Anterior Segment Disease
Hina N. Ahmed, M.D. Cataract Surgery/Anterior Segment Disease
Vishwanath Srinagesh, M.D. Cataract & Refractive Surgery/ Comprehensive Ophthalmology
Hussain Elhalis, M.D. Cornea, Cataract & Refractive Surgery/ External Disease
Chander N. Samy, M.D. Retina & Vitreous Surgery
Robert J. Kraut, M.D. Retina & Vitreous Surgery
Sarah Kim, D.O. Oculoplastics / Aesthetics
Charles F. Paglia, O.D. Optometry / Contact Lenses
Kathryn Mar Jip Pomakis, O.D. Optometry / Contact Lenses
Vivi Fretland, O.D. Optometry / Contact Lenses
Emily M. Zediker, O.D. Optometry / Contact Lenses
Kellie Bassion, O.D. Optometry / Contact Lenses
Kyra Dorvall, O.D. Optometry / Contact Lenses
Rajiv Badal, O.D. Optometry / Contact Lenses

Referred from Dr. _____

Office Contact: _____

Office Phone: _____

Office Fax: _____

Patient Preferred Ocala Eye Office:

- Magnolia (Ocala) - 1500 SE Magnolia Ext. Suite 106
200 West (Ocala) - 8520 SW State Road 200
Heath Brook (Ocala) - 4414 SW College Rd, Suite 1462

- The Villages - 1950 Laurel Manor Dr. #250
Spanish Plainses (The Villages) - 1556 Bella Cruz Drive
Dunnellon - 11352 N. Williams St, #201A

Patient Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone #: _____

Patient Insurance: _____

Reason for referral:

- Cataract
Diabetes
Glaucoma
Dry Eyes
Retina Disease
Macular Degeneration
Eyelid Lesion / Abnormality
LASIK / Refractive Surgery
Blurred Vision
Infection
High Risk Med (Plaquenil / Prednisone)
Other _____

Notes:

How soon would you like the patient to be scheduled with Ocala Eye? _____

Referring Doctor Signature: _____ Date: _____