

OD 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

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:

Will we co-manage this patient? YES NO

Reason for referral:

- Cataract Evaluation Retina Evaluation
Eye Lid Evaluation LASIK
Glaucoma Evaluation Refractive Lens Exchange
Cornea Evaluation Other

Manifest Refraction OD VA OS VA
Add J Add J

Table with 2 columns: OD and OS. Rows include IOP and Remarkable Findings.

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

Referring Doctor Signature: Date: