

☐ **Dr. Kevin Warrian**

- Retina - Surgical
- Cataract

☐ **Dr. Adam Muzychuk**

- Refractive Surgery
- Cataract

☐ **Dr. John van Westenbrugge**

- Refractive Surgery

☐ **Next Available****PATIENT DEMOGRAPHICS****Patient Name:** _____ **D.O.B:** _____ *MM/DD/YYYY***Phone Number:** _____ **Number Cellular:** _____ **AHC:** _____**Address:** _____**Email:** _____**REFERRING CLINIC INFORMATION****Referring Physician:** _____ **Clinic Name:** _____**Practice ID:** _____ **Referral Date:** _____**Phone Number:** _____ **Fax:** _____ **Email:** _____**REASON FOR REFERRAL**

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|--|--|------------------------------|-----------------------------------|---|
| ☐ CNV | ☐ Vitreous Hemorrhage | ☐ YAG | ☐ Cataract | ☐ Refractive Lens Exchange |
| ☐ CRVO /BRVO | ☐ WetAMD/nAMD | | | ☐ Refractive Laser |
| ☐ Macular Hole (VA < 20/30) | ☐ Retinal Detachment/Tear | | | ☐ ICL |
| ☐ PDR | | | | |

☐ **OTHER:** _____**VA OD** _____ **OS** _____ **Manifest Refraction OD** _____ **OS** _____ **IOP OD** _____ **OS** _____**COMMENTS:**