RETINA OF AUSTIN, PA
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DISEASES AND SURGERY OF THE
RETINA, MACULA AND VITREOUS

ENRIQUE CALDERON, M.D.
BOARD CERTIFIED, AMERICAN BOARD OF OPHTHALMOLOGY

WWW.RETINAOFAUSTINPA.COM

# PATIENT REFERRAL

## APPOINTMENT INFORMATION

PATIENTS NAME:_____DOB:_____

APPT DATE:_____ TIME: _____

REFERRING PHYSICIAN: _____

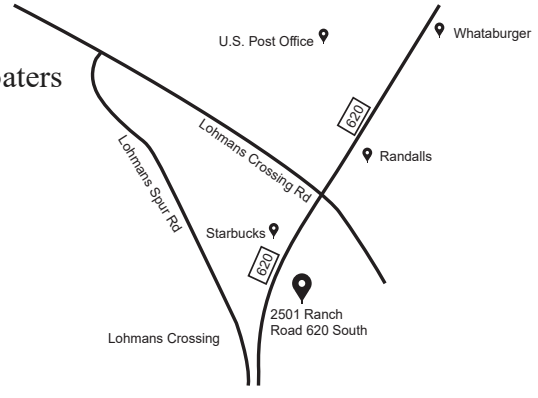
DATE OF REFERRAL: _____

Reason for Referral:

_____

_____

☐ Diabetic Retinopathy
☐ Macular Degeneration
☐ Macular Hole
☐ Retinal Tear/Detachment
☐ Epiretinal Membrane
☐ Retinal Vein Occlusion
☐ Vitreous Detachment/Flashes/Floaters
☐ Uveitis
☐ Retinal Edema
☐ Choroidal Retinal Lesion




☐ R Eye ☐ L Eye ☐ Bilateral

PLEASE CONTACT YOUR PRIMARY CARE PHYSICIAN IF YOUR INSURANCE REQUIRES AUTHORIZATION TO SEE CONSULTING PHYSICIAN.

Please have patient bring a list of current medications with dosage.