



Visionary Eye Doctors
Advanced technology with a loving touch

PATIENT REFERRAL FORM

REFER TO:

- J. Alberto Martinez, MD**
*Cornea & External Diseases,
Cataract Surgery,
Pterygium and Pterygium Surgery*
- Fritz Allen, MD**
*Comprehensive Ophthalmology,
Cataract Surgery, Diabetes Related
Eye Issues, Medical Retina,
Glaucoma Treatment*
- Daniel Sarezky, MD**
*Comprehensive Ophthalmology,
Cornea and External Diseases,
Collagen Crosslinking
Cataract and Refractive Surgery*
- Sandra L. Cremers, MD, FACS**
*Comprehensive Ophthalmology,
Dry Eye Center of Excellence,
Rosacea & Blepharitis, Cataract Surgery*
- Andrew Hammer, MD**
*Comprehensive Ophthalmology
Cataract Surgery, Diabetes Related
Eye Issues, Glaucoma Treatment,
Pediatric Eye Care*
- Robert Kaufman, MD**
*Comprehensive Ophthalmology,
Cataract Surgery, Glaucoma Treatment*

- Nima Moainie, MD**
*General Ophthalmology,
Diabetes Related Eye Issues,
Glaucoma Treatment,
Aesthetic Services*
- Shirley P. Middleton, MD**
General Ophthalmology
- Babak Hosseini, OD**
*Comprehensive Eye Care,
Specialty Contact Lenses,
Myopia Control,
Surgical Co-Management,
Pediatric Eye Care*
- Lorena Riveros, OD**
*Comprehensive Eye Care,
Contact Lenses,
Surgical Co-Management,
Pediatric Eye Care*
- Maliha Saeed, OD**
*Comprehensive Eye Care,
Contact Lenses,
Surgical Co-Management,
Pediatric Eye Care*
- Next doctor available

Patient Name _____

Patient Phone Number _____

Referring Doctor _____ Date _____

Tel _____ Email _____

Insurance _____

Member ID No. _____ Group No. _____

PATIENT TO BE EVALUATED FOR:

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Keratoconus | <input type="checkbox"/> Uveitis |
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Cornea Cross-linking | <input type="checkbox"/> Retina Evaluation |
| <input type="checkbox"/> Pterygium | <input type="checkbox"/> Refractive Surgery | <input type="checkbox"/> Dry Eye |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Co-management | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cornea | <input type="checkbox"/> Lid Lesion | |

Diagnostic Testing: ERG VEP Fundus OCT Pentacam

HOW YOU WOULD LIKE TO RECEIVE RESULTS?

Fax # _____ Text, mobile # _____

Email _____

Mail, Address _____

P 301.896.0890

F 301.896.0968

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DAMASCUS
26135 Ridge Road, Damascus, MD 20872