



Phone: 603.668.2020
Fax: 603.668.0881

Glaucoma, Retina & Vitreous, Cataract,
Cornea & External Diseases, Uveitis,
Neuro-Ophthalmology, Optometry,
Oculofacial Plastic & Reconstructive Surgery

Coordinating Your Patient Care

PLEASE INCLUDE OFFICE NOTES AND INSURANCE INFORMATION WITH ALL REFERRALS. THE ABSENCE OF REFERRAL NOTES MAY CAUSE A DELAY IN SCHEDULING PATIENTS

****IF THE PATIENT NEEDS TO BE SEEN WITHIN 24-48 HOURS, PLEASE CALL THE OFFICE DIRECTLY. ALL OTHER NON-URGENT REFERRALS WILL BE CALLED WITHIN 5-7 BUSINESS DAYS.**

Patient Name: _____ D.O.B. _____

Patient Phone: _____

Referring Physician: _____

Primary Care Physician: _____

Optometrist: _____

Phone: _____ Fax: _____

**Insurance Coverage: _____ ID # _____

Subscriber: _____ Subscriber DOB: _____

Reason for Consultation (mark all that apply)

- Age-related Macular Degeneration
- Cataract Consult
- Cornea
- Diabetic Retinopathy
- Epiretinal Membrane/Macular Hole
- Glaucoma
- Macular Hole
- Retinal Tear/Detachment (**please call office**)
- Unexplained Vision Loss/Unknown Maculopathy
- Oculoplastics
- Lid Conditions
- Lacrimal Conditions
- Orbital Conditions
- Thyroid Eye Disease
- Refractive Surgery
- Other: _____

****Time frame in which the patient should be seen (please circle):**

24-48 hrs.(call us) 1 week 2 weeks 1 month Next available Other: _____

Preferred office location (please circle): NASHUA MANCHESTER BEDFORD PETERBOROUGH

Additional Comments:

250 River Road Manchester, NH 03104	407 Riverway Place Bedford, NH 03110	835 Hanover St Suite 304 Manchester, NH 03104	17 Riverside St Suite 104 Nashua, NH 03062	454 Old Street Rd Suite 204 Peterborough, NH
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