

# Patient Referrals

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Referring Doctor

Date

- Dr. Langley     Dr. Batliwala     Dr. Williams  
 Dr. Allison     Dr. Bull     Dr. Swindell

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Reason For Referral

- Cataract     LASIK     Glaucoma     Floaters     Lid  
 Dry Eye     Diabetic     Retina     Other: \_\_\_\_\_

## Additional Information

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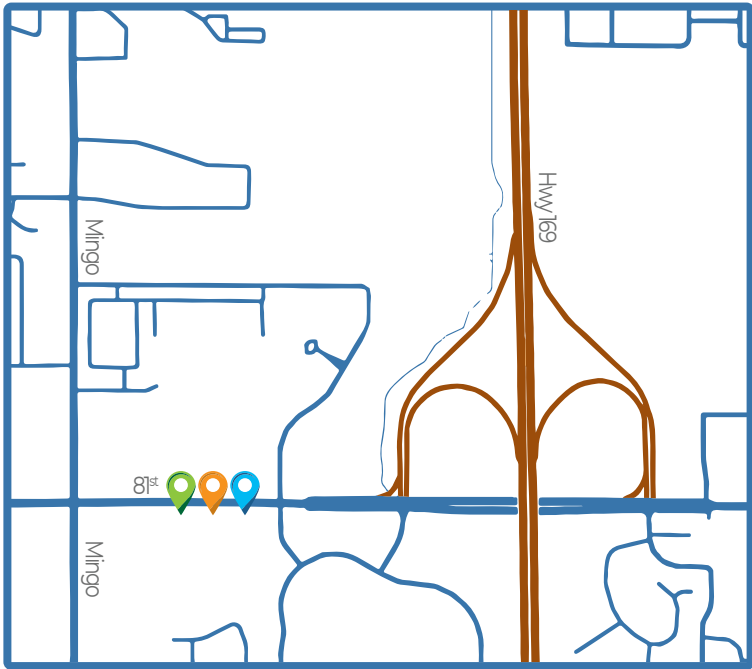


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