

MARYLAND

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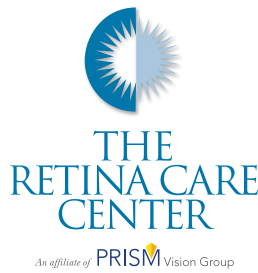
PENNSYLVANIA

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York, PA 17402
TEL 717-699-1991
FAX 717-699-1456

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DELAWARE

Newark, DE Office:
Abby Medical Center
1 Centurian Drive, Ste. 114
Newark, DE 19713
TEL 410-306-9980
FAX 410-306-9989



Patient's Name: _____ DOB: _____

Suan Speicher Sund Polk Lakhanpal Tamez

Location: _____ CHECK BOX ON LEFT FOR "OFFICE" Appt. Date: _____

Consultation Only Consultation and Treatment
 Follow up Appointment Second Opinion

History: _____

VA SC/CC OD _____ OS _____ **IOP** OD _____ OS _____

Diagnosis: diabetic retinopathy ERM/pucker flashes & floaters/PVD
 lattice degen. mac. degeneration mac. hole vein occlusion
 retinal tear retinal detachment other _____

Specific questions to be answered: _____

Have we previously seen this patient: Yes No

Would you prefer a telephone follow up in addition to correspondence regarding
this patient? Yes No

Referring Doctor: _____

Phone Number: _____ Fax: _____

Toll Free: (877) 554-2020 | Visit our website @ www.retinacarecenter.com

Please do not hesitate to contact us day or night. Thank you for your referral!