

Patient Referral Form for Physicians

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Jawad Qureshi, M.D.
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Luv Patel, M.D.
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Southlake
305 Morrison Park Drive, Suite #100
Southlake, TX 76092

Fort Worth
3455 Locke Avenue, #310
Fort Worth, TX 76107

Plano
3804 15th Street, Suite #130
Plano, TX 75075

Dallas
12222 N Central Expressway, Suite 250
Dallas, TX 75243

Provider Information

Referring Physician _____ Practice _____

Address _____

Phone _____ Fax _____ Email _____

Patient Information

Patient Name _____ Address _____

DOB _____ Phone _____ Email _____

What is your patient being referred for?

- Age-Related Macular Degeneration
- Diabetic Retinopathy
- Retinal Vascular Occlusions
- Flashes and Floaters
- Retinal Tear and Retinal Detachment
- Macular Pucker/Epiretinal Membrane
- Macular Hole
- Vitreomacular Traction
- Uveitis
- Other (list) _____

How soon does your patient need to be seen?

Within _____ Days

Within _____ Weeks

Who are you referring your patient to?

- Jawad Qureshi, MD
- Johnathan Warminski, MD
- Musa Abdelaziz, MD
- Luv Patel, MD
- Margaret Runner, MD
- First Available

Any additional comments _____

Physician Signature _____ Date _____

Please email the completed form to info@retinacentertx.com or fax it to (817) 865-6790