RETINA CENTER OF TEXAS™

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Jawad Qureshi, M.D.
Johnathan Warminski, M.D.
Musa Abdelaziz, M.D.
Luv Patel, M.D.
Margaret Runner, M.D.
M. Zia Siddiqui, M.D.
Omar M. Moinuddin, M.D.

Patient Referral Form for Physicians

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, M.D.
- ☐ Johnathan Warminski, M.D.
- ☐ Musa Abdelaziz, M.D.
- ☐ Luv Patel, M.D.
- ☐ Margaret Runner, M.D.
- ☐ M. Zia Siddiqui, M.D.
- ☐ Omar M. Moinuddin, M.D.
- ☐ First Available

Any additional comments _____

_____

_____

Physician Signature _____ **Date** _____

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