

Eye Care and Surgery, P.A.



Joseph Qureshi, M.D.
Vitreoretinal Specialist

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PATIENT REFERRAL REQUEST

Patient Name: _____ **Date:** _____

Patient Phone: _____ **Date of Birth:** _____

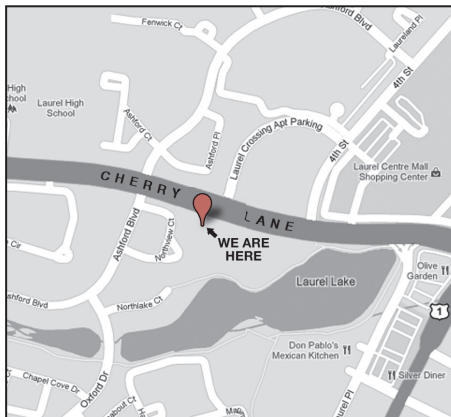
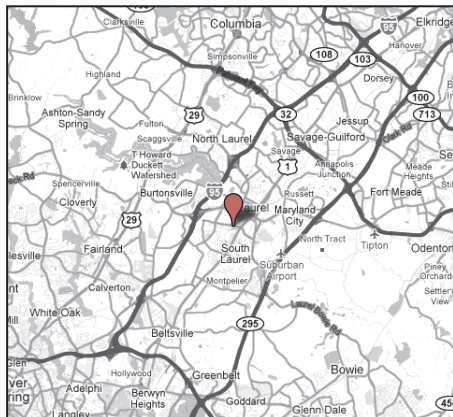
Consultation for:

- | | | |
|---|---|--|
| ☐ Diabetic Retinopathy | ☐ Plaquenil Screening | ☐ Retinal Tear / Hole |
| ☐ Macular Degeneration | ☐ Macular Hole | ☐ Glaucoma |
| ☐ Vascular Occlusion | ☐ Epiretinal Membrane | ☐ Cataract Surgery Evaluation |
| ☐ Macular Edema | ☐ Vitreous Detachment | ☐ Blurred Vision |
| ☐ Pigmented Lesion | ☐ Lattice Degeneration | ☐ Other: _____ |

Referring Doctor: _____ **Phone #:** _____

Office Address: _____ **Fax #:** _____

We are located at 8311 Cherry Lane, Laurel, MD 20707



See detailed map on back



We are here

8311 Cherry Lane

Laurel Lakes Executive Park

CHERRY LANE

Lake

Mall