



GREATER MARYLAND EYE PHYSICIANS AND SURGEONS

9131 Piscataway Rd, #450, Clinton, MD 20735
Phone: (301) 868-6700 -Fax: (301) 868-3017

Physician Referral to Ophthalmologist

Today's Date: _____ Referring MD: _____

Patient Name: _____ D.O.B: _____

Patient Phone: _____

Refer to Doctor: Azeb Telahun, M.D. Cathy Shrader, M.D. Pedro Rivera-Velasquez, M.D.
 Padmaja Nootheti, M.D. Hector Rojas-Martinez, M.D.

Reason for Referral:

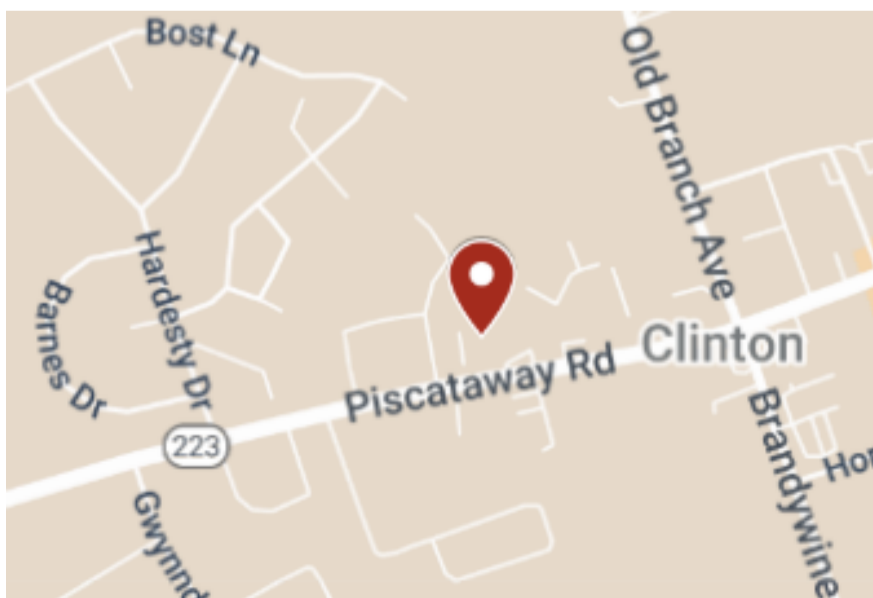
Current Eye Problem: _____

Cataract Evaluation Glaucoma Evaluation Diabetes Fluorescein Angiography

B-scan Ultrasonography Fundus Photography Other: _____

Patient family history of: Glaucoma Macular Degeneration Other: _____

**Please print out this form and fax to (301) 868-3017
or give this form to your patient to take to our office**



CLINTON OFFICE

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www.greatermarylandeye.com

Thank you for your referral