

PHILADELPHIA RETINA ASSOCIATES

Patient name: _____

Exam Date: _____ Referring Physician: _____

Referring Physician Phone/Fax: _____

Referring Physician Comments/Instructions: _____

Signature of Referring Physician: _____

Date, time and location of appointment: _____

Instructions for the Patient:

- ❖ Please bring your insurance card(s) with you to the office as well as photo identification.
- ❖ Please bring a list of your current medications.
- ❖ If your insurance plan requires a referral from your primary care provider, please obtain one.
- ❖ If you have a copayment due we require that to be paid at the time of the exam.
- ❖ Your eyes will be dilated for the exam. We recommend that you have a driver.
- ❖ Your visit will require you to be in our office approximately two hours. Please plan accordingly.
- ❖ If you are unable to keep the scheduled appointment, please call our office to reschedule the appointment at least 24 hours in advance of the appointment time.