



**Hours:** Monday & Thursday: 8:00 am - 7:00 pm;  
Tuesday, Wednesday & Friday: 8:00 am - 5:00 pm

**Phone:** 610-372-0712

## Physician Referral to Ophthalmologist

Today's Date: August 23, 1976 Referring MD: Latonya Dibbert

Patient Name: Saul Baumbach DOB: January 2, 1944

Patient Phone: 172-566-8451

Berks Eye MD Requested: ☐ Izzo ☒ Calder ☐ Tellez ☐ Bronner ☐ Pierson ☐ Any

Anthem

Primary Insurance

Humana

Secondary Insurance

### Reason for Referral:

☒ Current Eye Problem: malignant neoplasm of left cornea

☐ Cataract Evaluation ☐ Glaucoma Evaluation ☐ Retinal Evaluation ☒ Corneal Evaluation

☐ Macular Degeneration ☐ Other:

Patient family history of: ☒ Glaucoma ☐ Macular Degeneration

Patient has any of the following conditions:

☒ RA/PMR ☐ Hypertension ☐ Diabetes ☐ Multiple Sclerosis

### To refer, please:

☒ Fax this form to 610-376-6968 and Berks Eye will call your patient.

☐ Call our referral line at 484-660-1130.

☐ Give this form to your patient and have patient call 484-660-1130.

**Thank you for your referral**  
**Please fax this form to Berks Eye at 610-376-6968**