



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: 11/21/2004 Referring MD: Tien Koelpin

Patient Name: Todd King DOB: 04/11/1977

Patient Phone: (941) 566-9238

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

Cigna Health

Primary Insurance

Secondary Insurance

Reason for Referral:

☒ Current Eye Problem: siderosis of left eye

☐ 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