



EYE CENTERS OF SOUTH FLORIDA

“Excellence in Collaborative Eye Care since 1986”

Ophthalmology Patient Referral Form

Today's Date _____

Patient Name _____ Date of Birth _____

Patient Phone _____

Insurance _____ or ___ Self-Pay

Reason for Referral / Diagnosis _____

Referring Physician _____

Practice Name _____

Phone _____ Fax _____

Cataract Surgery Referrals: Would you like to Co-Manage? ___ Yes ___ No

Please FAX referrals to:

___ **Miami-Dade: 305-402-0187** or ___ **Broward: 954-333-9904**

Patient Referral Coordinator

Phone: 954-866-3976

Email: referrals@myeyecenters.com

Thank You for all your referrals!

EYE CENTERS OF SOUTH FLORIDA

Joseph I. Hoffman, M.D. (Comprehensive Ophthalmology / Refractive Cataract Surgery)

Jose Daniel Diaz, M.D. (Retina Specialist) • Andres Sarraga, M.D. (Oculoplastics & Plastic Surgery)

Diana L. Shechtman, O.D. (Medical Optometry / Physician Liaison) • Lanelle S. Williams, O.D. (Optometry / Clinical Director)

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