Retina Associates of Western NY, P.C.
Preserving and restoring sight with compassion and innovation

160 Sawgrass Drive, Suite 200 Rochester, NY 14620
3345 Chambers Rd South Suite 11 Horseheads, NY 14845
275 Parrish St, Suite C Canandaigua, NY 14424
Phone: 585-442-3411 • Fax: 585-442-9550
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Brian Connolly, MD • Edward Hall, MD • Matthew Witmer, MD • Angela Bessette, MD • Jared Ebert, MD

Referrer Information

Date: _____ Referring Provider: _____

Referring Provider Phone: _____

Referring Provider Address/Location: _____

Patient Information

Patient Name: _____ Patient DOB: _____

Patient Phone: _____ Patient Insurance: _____

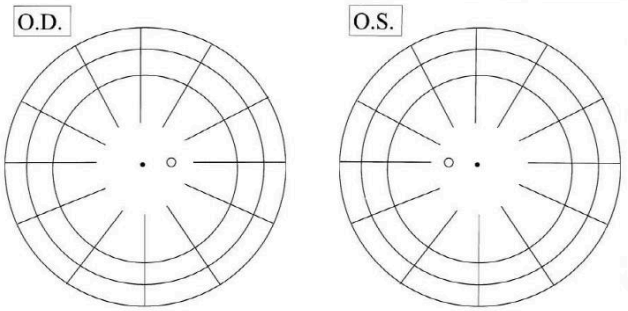
Patient Address: _____

Problem/Diagnosis (please circle): OD OS OU

_____

Symptoms: _____

_____



Pain present or ongoing vision loss? Y N

Has the problem (circle one): worsened improved unchanged unknown

Appointment Information:

Time frame requested for appointment: _____

Requested appointment location:

- ❑ 160 Sawgrass Drive Suite 200 Rochester, NY 14620
- ❑ 3345 Chambers Road South Suite 11 Horseheads, NY 14845
- ❑ 275 Parrish St, Suite C Canandaigua, NY 14424

Please fax this referral form to 585-442-9550 or email to reception@retinaassociatesofwny.com
Please note that if this is an urgent referral, we request that you call us directly. Upon receipt of this form, we will contact your patient within one business day to schedule the requested appointment. Thank you for your referral.

❑ **Check this box if you'd like a fax/email confirmation of the scheduled appointment.**
We will return this form to your office within 1-2 business days with the appointment information indicated below.

Patient is scheduled to see _____ on _____
Provider Name *Date & Time*