Patient Referral Form

RETINA MACULA
INSTITUTE OF ARIZONA

Retina Macula Institute of Arizona
20201 N Scottsdale Healthcare Drive, Suite 100
Scottsdale, Arizona 85255
Phone: 602-613-5473

Date:

Patient Name: DOB:

Phone (Home): Cell:

Email:

Insurance Company:

Insured Person:

Authorization NO.

Authorized by:

Referring Doctor:

Address:

Telephone:

Email:

Referral for Retinal Consultation

Reason for referral\Medical Diagnosis:

Please include medical records.

Authorization

I, authorize release of all records pertaining too my care from my referring physician to Retina Macula Institute of Arizona.

YOUR APPOINTMENT

IS ON (DATE):

With Dr. Mark Barakat

Retina Macula Institute of Arizona