



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

Jose Daniel Diaz, M.D. (Macula & Retina) • Joseph I. Hoffman, M.D. (Comprehensive Ophthalmology / Refractive Cataract Surgery)

Daniel E. Montenegro, M.D. (Cornea & External Diseases) • Andres Sarraga, M.D. (Oculoplastics & Plastic Surgery)

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

1701 N.E. 164th Street • Ste 200 • North Miami Beach, FL 33162-4018 • 305-947-0027 • eFax 305-402-0187

5333 North Dixie Highway • Ste 101 • Fort Lauderdale, FL 33334-3453 • 954-493-5033 • eFax 954-333-9904

Email: info@myeyecenters.com -- Internet: www.myeyecenters.com — FB: www.facebook.com/myeyecenters

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