

Today's Date:* _____

Phone #:* _____

Patient Name:* _____

DOB:* _____

Patient Address, City, State, Zip:* _____

Patient Medical Insurance:* _____

Member ID:* _____

Patient Vision Insurance:* _____

Member ID:* _____

OPTOMETRY

☐ **Crystal River**

- ☐ First Available
☐ Carli Ruckman, O.D.

☐ **Inverness**

- ☐ First Available
☐ Casey Keith, O.D.

☐ **Palm Harbor**

- ☐ First Available
☐ Marielle Alcantara, O.D.
☐ Jeffrey Phillips, O.D.

☐ **Pasadena Medical**

- Medical Optometry**
☐ First Available
☐ Mikaila Gallagher, O.D.
☐ Dennis Ryczek, O.D.

☐ **Port Richey**

- ☐ First Available
☐ Vincent Ferlita, O.D.

☐ **Seminole**

- ☐ First Available
☐ Baotram Tran, O.D.
☐ Adam Furman, O.D.

☐ **Spring Hill/Brooksville**

- ☐ First Available
☐ Addison DiMartino, O.D.

☐ **St Pete South**

- ☐ First Available
☐ Michelle Ketcher, O.D.
☐ Megan Furman, O.D.

☐ **St Pete North**

Medical Optometry

- ☐ First Available
☐ Christine Hair, O.D.
☐ Bonnie Wessler, O.D.

☐ **Sun City**

- ☐ First Available
☐ Ann Patel, O.D.
☐ Chelsea Nissinoff, O.D.
☐ Shamika Honeyblue, O.D.

☐ **Tampa**

- ☐ First Available
☐ Marielle Alcantara, O.D.
☐ Salvatore Musumeci, O.D.

☐ **Zephyrhills**

Medical Optometry

- ☐ First Available
☐ Kimberly Chaney, O.D.

I am requesting an appointment for the following: ☐ Left Eye ☐ Right Eye ☐ Both
☐ Diabetic Eye Exam ☐ Routine Eye Exam ☐ Pediatric Eye Exam ☐ Eye Infection

Other: _____

TRIAGE: ☐ Non-Urgent ☐ Urgent: _____ days ☐ Emergent: _____ hours

Referring Physician: _____ Phone #: _____

Office Address: _____ Fax #: _____

Please fax this form with necessary medical records and we will contact your patient to schedule an appointment unless triage urgency is noted above.

**VIP Referral Phone #: 727.597.5496
VIP Referral Fax #: 727.291.9039**

* Required

Today's Date:* _____ Phone #:* _____
Patient Name:* _____ DOB:* _____
Patient Address, City, State, Zip:* _____
Patient Medical Insurance:* _____ Member ID:* _____
Patient Vision Insurance:* _____ Member ID:* _____

OPHTHALMOLOGY

☐ **Brandon Medical**

- ☐ First Available
Oculoplastic
☐ Frances Acosta, M.D.
Medical Optometry
☐ Phil Cuva, O.D.

☐ **Pasadena Medical**

- Ophthalmology/Cataract**
☐ First Available
☐ Nathan Emery, M.D.
Oculoplastic
☐ First Available
☐ Jennifer Landy, M.D.
☐ Frances Acosta, M.D.

☐ **Pinellas Park Medical**

- ☐ First Available
Cornea Specialist
☐ Erin Greenberg, M.D.
Ophthalmology/Cataract
☐ Mark Oberlander, M.D.
Retina
☐ Jason Handza, D.O.
☐ Nandesh Patel, M.D.
☐ Bilal Shaukat, M.D.
☐ Jesse McCann, M.D.
Oculoplastic
☐ Jennifer Landy, M.D.

☐ **Spring Hill**

- ☐ First Available
Ophthalmology/Cataract
☐ Kevin Belville, M.D.
Retina
☐ Bilal Shaukat, M.D.

☐ **Tampa Medical**

- Ophthalmology**
☐ First Available
☐ Dominic Prado, M.D.
☐ Antonio Prado, M.D.
Ophthalmology/Oculoplastic
☐ Frances Acosta, M.D.
Medical Optometry
☐ Phil Cuva, O.D.

I am requesting an appointment for the following: ☐ Left Eye ☐ Right Eye ☐ Both
☐ Cataract Evaluation ☐ Diabetic Eye Exam ☐ Oculoplastic Evaluation ☐ Glaucoma Evaluation
☐ Cornea Evaluation ☐ Retina/Macula Evaluation ☐ Eye Infection

Other: _____

TRIAGE: ☐ Non-Urgent ☐ Urgent: _____ days ☐ Emergent: _____ hours

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Office Address: _____ Fax #: _____

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