



Eye Associates of Pinellas
Opti-mart
Prado Vision Center
Ryczek Eye Associates

January 2026

PHYSICIAN REFERRAL FORM

Secure, electronic referral submissions
available at Sight360.com/referrals

Todays 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

Todays 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
- Oculoplastics**
- Frances Acosta, M.D.
- Medical Optometry**
- Phil Cuva, O.D.

Pinellas Park Medical

- First Available
- Cornea Specialist**
- Erin Greenberg, M.D.
- Ophthalmology/Cataract**
- Mark Oberlander, M.D.

Spring Hill

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

Pasadena Medical

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

Tampa Medical

- Ophthalmology**
- First Available
- Dominic Prado, M.D.
- Antonio Prado, M.D.
- Ophthalmology/Oculoplastics**
- 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
- Cornea Evaluation

- Diabetic Eye Exam
- Retina/Macula Evaluation

- Oculoplastics Evaluation
- Eye Infection

- Glaucoma Evaluation

Other: _____

TRIAGE:

Non-Urgent

Urgent: _____ days

Emergent: _____ hours

Referring Physician: _____ Phone #: _____

Office Address: _____ Fax #: _____

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