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
39 Washington Avenue Batavia, NY 14020
Phone: 585-442-3411 ● Fax: 585-442-9550
www.retinaassociatesofwny.com

Steven Rose, MD ● Brian Connolly, MD ● Edward Hall, MD ● Matthew Witmer, MD ● Angela Bessette, MD

Referrer Information

Date: _____ Referring Provider: _____

Referring Provider Phone: _____ Referring Provider Fax: _____

Referring Provider Address/Location: _____

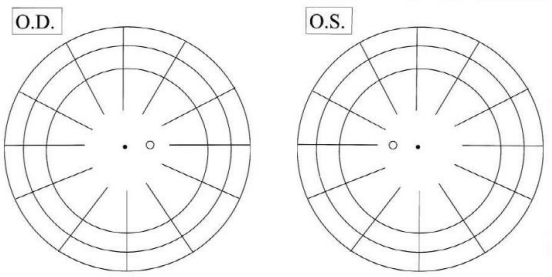
Patient Information

Patient Name: _____ Patient DOB: _____

Patient Phone: _____ Patient Insurance: _____

Problem/Diagnosis (please circle): OD OS OU

_____



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

Pain (circle one)? Y N Onset: _____

Changes to VA (circle one)? Y N If yes, describe: _____

Has the patient had recent eye surgery (circle one)? Y N If yes, describe: _____

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
- ❏ 39 Washington Avenue Batavia, NY 14020

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. Upon request, we will also contact your office to inform you of the upcoming appointment date/time. Please provide your contact information below if you'd like us to notify you specifically. Thank you for your referral.