

Please Fax To: 301-671-2403
Office Phone: 301-671-2400
www.maretinas.com



Preferred Clinic Location:

- | | | |
|--------------------------|--------------|----------------------------|
| <input type="checkbox"/> | Chambersburg | 961 South Main Street |
| <input type="checkbox"/> | Everett | 311 Hospital Drive |
| <input type="checkbox"/> | Frederick | 174 Thomas Johnson Dr #204 |
| <input type="checkbox"/> | Hagerstown | 246 Eastern Blvd N #102 |

To Be Seen:

- ☐ **Today (PLEASE CALL THE OFFICE)**
☐ **This Week**
☐ **1-2 Weeks**

Would you like us to call
and schedule the appointment?

- ☐ Yes
☐ No

**If You Would Like The Patient Seen
TODAY**

Please Call 301-671-2400

Patient Name: _____

Phone Number: _____ DOB: _____

Referring Doctor: _____ Office Number: _____

REFERRING REASON(S)

PLEASE CALL FOR: Retinal Tear/Detachment, Retinal Artery Occlusion, Endophthalmitis

All Others Can Be Faxed to 301-671-2403

- | | |
|---|--|
| <input type="checkbox"/> Diabetic Retinopathy | <input type="checkbox"/> Uveitis |
| <input type="checkbox"/> Dry/Wet Macular Degeneration | <input type="checkbox"/> Medication Clearance /Toxicity
(ie. Plaquenil) |
| <input type="checkbox"/> Epiretinal Membrane | <input type="checkbox"/> Vitreous Hemorrhage |
| <input type="checkbox"/> Macular Hole | <input type="checkbox"/> Cataract Clearance |
| <input type="checkbox"/> Vitreomacular Traction | <input type="checkbox"/> PVD |
| <input type="checkbox"/> Retinal Vein Occlusion | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Flashes/Floaters | |

Thank you for allowing us to participate in the care of your patients.

Robert E Parnes, MD

Adam T Gerstenblith, MD

Adam S Wenick, MD, PhD