



**Berks Eye**

**Physicians & Surgeons, Ltd.**

**Hours:** Monday & Thursday: 8:00 am - 7:00 pm;  
Tuesday, Wednesday & Friday: 8:00 am - 5:00 pm

**Phone: 610-372-0712**

# Physician Referral to Ophthalmologist

Today's Date: \_\_\_\_\_ Referring MD: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Berks Eye MD Requested:  Izzo  Calder  Tellez  Bronner  Pierson  Any

\_\_\_\_\_  
Primary Insurance

\_\_\_\_\_  
Secondary Insurance

### Reason for Referral:

Current Eye Problem: \_\_\_\_\_

Cataract Evaluation  Glaucoma Evaluation  Retinal Evaluation  Corneal Evaluation

Macular Degeneration  Other: \_\_\_\_\_

Patient family history of:  Glaucoma  Macular Degeneration

Patient has any of the following conditions:

RA/PMR  Hypertension  Diabetes  Multiple Sclerosis

### To refer, please:

Fax this form to 610-376-6968 and Berks Eye will call your patient.

Call our referral line at 484-660-1130.

Give this form to your patient and have patient call 484-660-1130.

**Thank you for your referral**  
**Please fax this form to Berks Eye at 610-376-6968**