Updegraff Laser Vision

Patient Referral to Updegraff Laser Vision

Faxed Referral Requests are processed within 5 business days. Please set this expectation with your patients.

URGENT or EMERGENT Referrals must be scheduled directly with the Referral Department to avoid delay. Please call 727-624-2024 to schedule all urgent/emergent appointments.

Patient Information

Name: _____ DOB (M/D/Y): _____

Tel: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Insurance: _____ Policy Number: _____

Secondary Insurance: _____ Policy Number: _____

Referring Doctor Information

Doctor Name: _____ Office Name: _____

Phone: _____ Fax: _____

Consultation Request

☐ First Available

☐ Daniel Behn, OD
☐ Todd Berger, MD
☐ R. Taylor Davis, MD
☐ Fayssal El-Jabali, DO
☐ Brian Foster, MD
☐ Craig Hossenlopp, OD
☐ Angela Kaminsky, OD
☐ Prabin Mishra, MD, PhD
☐ Kurt Repke, MD
☐ Stephen Updegraff, MD

Location

☐ Largo ☐ St. Petersburg

Consultation Type

☐ Cataract ☐ Glaucoma ☐ Oculoplastics ☐ Retina
☐ Complete Eye Exam ☐ LASIK ☐ Refractive Lens Implant ☐ Other (Please include notes/details below)

Please evaluate this patient's problems(s) or conditions(s) as described herein:

_____

_____

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_____

PLEASE FAX REFERRALS TO:
REFERRAL DEPARTMENT at 727-822-1086