

Jack Abrams, M.D. • Tapan Shah, M.D. • Christopher dePalo, D.O. **Board Certified**

COMPREHENSIVE OPHTHALMOLOGY

Cataract, Cornea & Lasik Surgery

www.abramseyeinstitute.com

PATIENT REFERRAL FORM Patient Name: DOB: _____ Home Phone: ____ Insurance Carrier: Referring Physician: Office Phone: _____ Fax:_____ Reason for referral: Requesting: Consult Consult Consult and Treatment Phone Exam Results: Letter Fax

Please bring this form with you to your appointment

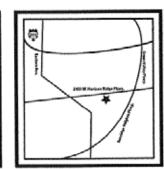


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☐ For Las Vegas location, plea	ase call (7	02) 3	304-9	494	to set your appointment
For Pahrump location, plea	se call (77	75) 5	37-2	020	to set your appointment
Our office has made an appointment for you on:					
/ at	am	/ 1	om	at	







Suite 100 Las Vegas, NV 89148

6450 Medical Center St. 1470 E. Calvada Blvd. Suite 300 Pahrump, NV 89048

2451 W. Horizon Ridge Pkwy Henderson, NV 89052

When visiting any of our AEI location, please bring:

Valid ID card & Insurance Card

Keep in mind...

- · Your eyes may be dilated, which can make driving difficult. Please consider bringing your spouse, friend, or family member to help drive you home.
- A complete consultation with specialized testing may take 2 or more hours. Please be patient.
- Please check with your insurance to confirm that we are listed as a provider and ensure any pre-authorizations have been completed.

Thank you for choosing Abrams Eye Institute.