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 **RALEIGH**
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PATIENT REFERRAL

Date: _____

From: Doctor _____

PLEASE ARRANGE AN APPOINTMENT FOR MY PATIENT WITH:

- | | |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Charles H. Robinson, Jr., MD
chrobinson@raleighophthalmology.imwdirect.com | <input type="checkbox"/> Patrick W. Laber, MD, PC
palaber@raleighophthalmology.imwdirect.com |
| <input type="checkbox"/> M. Alan Dickens, MD, FACS, PC
adickens@raleighophthalmology.imwdirect.com | <input type="checkbox"/> Gabriel T. Chong, MD, PC
gachong@raleighophthalmology.imwdirect.com |
| <input type="checkbox"/> Timothy D. Jordan, MD, PLLC
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| <input type="checkbox"/> Bobbie Gupta, MD, PC
bogupta@raleighophthalmology.imwdirect.com | <input type="checkbox"/> Lindsay E. Adam, MD
liadam@raleighophthalmology.imwdirect.com |
| <input type="checkbox"/> Paul S. Riske, MD, FACS, PC
pariske@raleighophthalmology.imwdirect.com | |
-
-

THIS IS TO INTRODUCE MY PATIENT:

Patient Contact Phone Number: _____

Insurance Company: _____

Reason for Referral: _____

EMERGENCY

ASAP

ROUTINE

Thank You!