

ASSOCIATED EYE CARE, INC.

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Suite 100
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960 W. Wooster St.
Suite 216
Bowling Green, OH 43402
(419) 352-5500
(419) 352-5577

TRANSITION OF CARE

- Urgent
 Non-Urgent

Patient Name DOB

Reason for Referral: _____

Referred to:

<input type="checkbox"/>	Michael Abowd, MD	<input type="checkbox"/>	Alliance Retina -Greg Rosenthal, MD	<input type="checkbox"/>	Pediatric Ophth. Assoc. in Dublin, OH
<input type="checkbox"/>	S. Zaheer Hasan MD	<input type="checkbox"/>	Cole Eye Institute	<input type="checkbox"/>	RVA
<input type="checkbox"/>	N. Farooq Afridi, MD	<input type="checkbox"/>	Kellogg Eye Center	<input type="checkbox"/>	UTMC Neurology
<input type="checkbox"/>	Other				

Referring Provider Signature

Appointment Information:

Date Time Location Doctor
Patient Notified on _____ by _____
Date Employee Name

- Sent CCDA No Direct address available
 Correspondence received back and scanned
 No correspondence received as of _____

K. Charles Raffoul, M.D.
Dino J. Costa, O.D.

Christina P. Tam, M.D.
Carol J. German, O.D.

James A. Knupp, M.D.

Anjali Tapadia, M.D.
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