

ASSOCIATED EYE CARE, INC.

2702 Navarre Ave.
Suite 205
Oregon, OH 43616
(419) 696-7780
(419) 696-7782 fax

1000 Regency Ct.
Suite 100
Toledo, OH 43623
(419) 882-0588
(419) 885-3070 fax

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

Patient Referral Form

Patient Name: _____

DOB: _____

Patient Phone: _____

Referring Doctor: _____

Phone: _____

Appointment Date & Time: _____

Please check requested provider

<input type="checkbox"/>	Charles Raffoul, M.D.	<input type="checkbox"/>	Christina Tam, M.D.	<input type="checkbox"/>	Dino Costa, O.D.
<input type="checkbox"/>	Jim Knupp, M.D.	<input type="checkbox"/>	John Elchinger, O.D.	<input type="checkbox"/>	Sami Khan, M.D.

Reason for Referral (please also fax relevant office notes, testing, demographics and insurance info)

Please fax this form in advance of the patient's appointment with us.

Fax #: 419-885-3070 Toledo

419-696-7782 Oregon

419-352-5577 Bowling Green

K. Charles Raffoul, M.D.

Christina P. Tam, M.D.
John M. Elchinger, O.D.

Dino J. Costa, O.D.

Sami Khan, M.D.

James Knupp, M.D.