

ASSOCIATED EYE CARE, INC.

2702 Navarre Ave.
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Oregon, OH 43616
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(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

TRANSITION OF CARE

Urgent

Non-Urgent

Patient Name

DOB

Reason for Referral: _____

Referred to:

<input type="checkbox"/>	Michael Abowd, MD	<input type="checkbox"/>	ProMedica Retina	<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"/>	Neurology
<input type="checkbox"/>	Michelle Ariss, MD	<input type="checkbox"/>	Specialty Eye	<input type="checkbox"/>	

Referring Provider

Date

Appointment Information:

Date Time Location Doctor

Patient Notified on _____ by _____
Date Employee Name

Additional Info:

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.