



LAUREL EYE CLINIC

Fax Referral Form

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BROOKVILLE:

50 WATERFORD PIKE
BROOKVILLE, PA 15825

DUNCANSVILLE:

176 VISION DRIVE
DUNCANSVILLE, PA 16635

CLEARFIELD:

1100 SOUTH 2ND STREET,
SUITE 2
CLEARFIELD, PA 16830

DUBOIS:

865 BEAVER DRIVE
DUBOIS, PA 15801

GROVE CITY:

217 SOUTH BROAD STREET
GROVE CITY, PA 16127

MERCER:

556 SOUTH ERIE STREET
MERCER, PA 16137

NEW BETHLEHEM:

363 BROAD STREET, SUITE 4
NEW BETHLEHEM, PA 16242

SENECA:

2968 STATE ROUTE 257
SENECA, PA 16346

If this is an eye related emergency or if you feel that the patient needs seen within the next 24-48 hours please call us at 1 (800) 494-2020 to schedule the appointment. Please forward all medical records pertaining to patient's condition WITH this referral request. Failure to include medical records may result in the referral form being returned. We will contact the patient and schedule the appointment.

Today's date: _____ Time: _____

Patient's Last Name: _____ First Name: _____

Date of Birth: _____ \ _____ \ _____ Sex: (circle one) M F

Home Telephone: _____ Mobile Telephone: _____

Address: _____

Medical Insurance: _____

Insurance ID#: _____ Group #: _____

Referring Doctor: _____ Location: _____

Phone: _____ Fax #: _____

Reason for Referral: _____

Cataracts	Refractive Surgery	Yag Cap Laser	Glaucoma	SLT
Narrow Angles	Yag PI	Macular Degeneration	BRVO/CRVO	
Diabetic Retinopathy	PVD/Floaters	Uveitis/Iritis	Specialty Contact Lens	

Laurel Eye Clinic Use Only:

Date Received: _____ Appointment scheduled: _____

Office: _____ Physician: _____ Initials: _____