



Faxed Referral Requests are processed within 5 business days. Please set this expectation with your patients.

URGENT or EMERGENCY Referrals must be scheduled directly with the Referral Department to avoid delay.

Please call 941-798-2020 to schedule all urgent/emergent appointments.

Patient Information

Name: _____ DOB (M/D/Y): _____

Tel: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Insurance: _____ Policy Number: _____

Secondary Insurance: _____ Policy Number: _____

Referring Doctor Information

Doctor Name: _____ Office Name: _____

Phone: _____ Fax: _____

Consultation Request

☐ First Available

☐ Sara Bijan, MD

☐ James Campbell, OD

☐ Valerie Crandall, MD

☐ Sophia El Hamichi-Potamkin, MD

☐ Mark Gillespie, MD

☐ Raul Hernandez Rubio, DO

☐ Aaron Judd, OD

☐ Alyssa Keating, OD

☐ Michael Lewis, MD

☐ Mark Liebetreu, OD

☐ Abin Makil, OD

☐ Debra McCracken, OD

☐ Timothy McCann, OD

☐ Karen Memoli, OD

☐ Bethany Nelson, OD

☐ Nika Priest-Allen, MD

☐ Scott Prickett, OD

☐ Tahrim Rahman, OD

☐ Cheryl Simoneau, OD

☐ Michael Spencer, OD

☐ Giovanni Taibbi, MD

☐ Mallory Thompson, OD

☐ Chris Trimble, LHAS

☐ Duane Wiggins, MD

☐ Ben White, OD

☐ Timothy Quinn, MD

Location

☐ Bonita Springs

☐ Ft. Myers New Hampshire

☐ Naples

☐ Port Charlotte Veterans Blvd.

☐ Cape Coral

☐ Ft. Myers South Pointe

☐ North Port

☐ Punta Gorda

☐ Ft. Myers Evans Ave. ☐ Lehigh Acres 5220 Lee Blvd. ☐ Port Charlotte Olean Blvd.

Please evaluate this patient's problems(s) or conditions(s) as described herein:

PLEASE FAX REFERRALS TO REFERRAL DEPARTMENT AT 941-340-0605.