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## THANK YOU FOR YOUR REFERRAL

Referring Physician:	
Patient Name:	
Patient Email:	
Patient Phone:	
Additional Instruction:	
DIAGNOSES	
Bscan	Plaquenil / Elmiron
Diabetic retin <mark>opathy</mark>	Retinal tears / detachments
Endophthalmi <mark>tis / Uveitis</mark>	Retinal vein /artery occlusion
Floaters / PVD	Rubeosis / NVG
Lens dislocati <mark>on / f</mark> ragments	Subjective Visual Disturbance
Macular dege <mark>nerat</mark> ion	Sudden Vision Loss
Macular edema	☐ Trauma
Macular hole <mark>/ puc</mark> ker	
☐ Optic nerve d <mark>iseas</mark> e	☐ Visual field Deficit
Preop / Dilate <mark>d fun</mark> dus exam	Other
URGENCY Today (Contact Dr. Sedeek's cell phone directly, 760-464-1198, if needed.)	
☐ Within 24 Hours	This Week Routine