RETINA CONSULTANTS OF MIAMI

Patient Referral Form

2601 SW 37th Ave, Suite 501, Miami, FL 33133
Phone (305) 712-6711 · Fax (305) 760-4719

FAX to (305) 760-4719 or EMAIL to Referrals@rcomiami.com

Please call our office directly at (305) 712-6711 if you have an urgent case.
Questions: (305) 712-6711, Monday – Friday, 8 AM – 5 PM.

Patient's name _____

Date of birth _____

Patient's phone _____

Medical insurance _____

Referring doctor _____

Referring office _____

Referring office phone _____

Referring office fax _____

Diagnosis / reason for referral _____

_____

Urgency

- ☐ Routine (within 2–4 weeks)
- ☐ Soon (within 1 week)
- ☐ Urgent (please call our office)

Refer to

- ☐ J. Daniel Diaz, MD
- ☐ Anne L. Kunkler, MD
- ☐ First available

Notes _____

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A consultation letter with findings and plan will be sent to your office after the visit.
Please make sure the referring doctor's office is listed along with its phone and fax number so we can send the note to the correct location.