Martinsburg Eye Associates 2002 Professional CT Martinsburg, WV 25401 Phone (304) 267-4273 Fax (304) 267-2135 www.martinsburgeye.com



Patient Name:	
DOB:	Pt's Phone Number:
Diagnosis & History	
Current OD	20/
Refraction: OS	20/
Referring Physician	

PATIENT IS BEING REFERRED FOR:

- Cataract Evaluation
- o Glaucoma Evaluation
- Eyelid Evaluation
- o YAG
- o Retinal Evaluation
- Pterygium
- Other: ____

TESTING ONLY

Topography Other:_____

Your Appointment is scheduled for:

Date Time PLEASE BRING THIS REFERRAL TO YOUR APPOINTMENT

Kourosh Nazari, MD, FACS
Mark Promersberger, MD