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 BENJAMIN J. THOMAS, M.D.

**Patient Information**

**Referring Doctor Information**

Patient: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

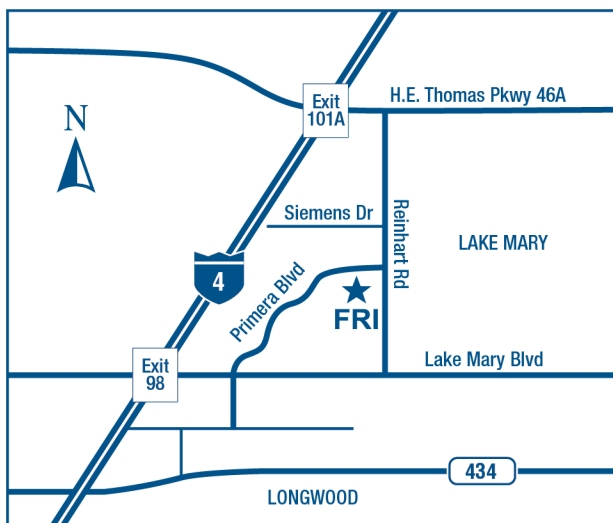
Referring Doctor Phone Number: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

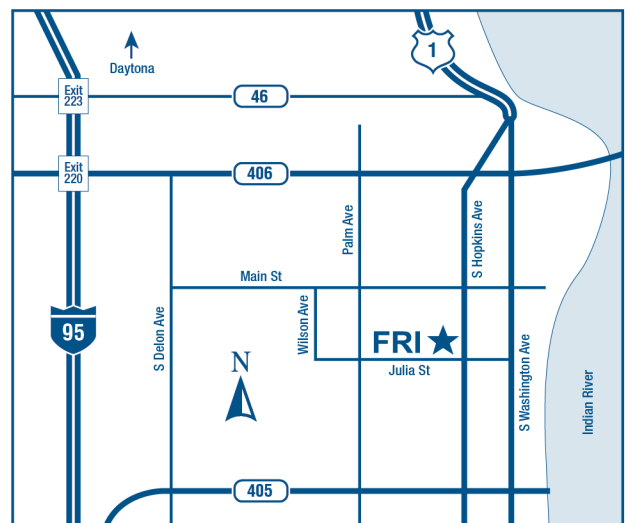
Referring Doctor Location: \_\_\_\_\_

**Diagnosis/Reason for Referral:**

Appointment: Date \_\_\_\_\_ Time \_\_\_\_\_



1025 Primera Boulevard • Lake Mary, FL 32746  
 (407) 333-1570



308 Julia Street • Titusville, FL 32796  
 (321) 268-1116

**Please fax referral to (407) 333-1381 or email to [Referral@FloridaRetinalInstitute.com](mailto:Referral@FloridaRetinalInstitute.com)**

**1-800-237-3846**

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