



Vitreo - Retinal Diseases and Surgery

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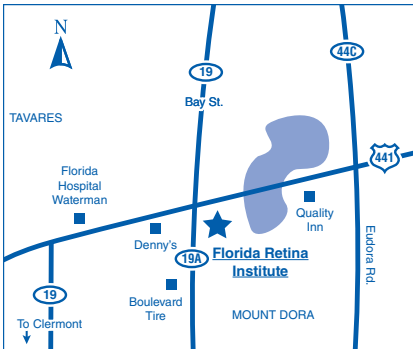
Patient: _____

D.O.B.: _____

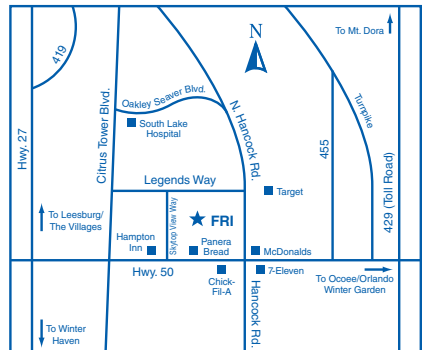
Patient Phone #: _____

Referring Doctor: _____

Appointment: Date _____ Time _____



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