



THOMAS A. BARNARD, M.D.  
 ALEXANDER C. BARNES, M.D.  
 MATTHEW A. CUNNINGHAM, M.D.  
 S.K. STEVEN HOUSTON III, M.D.  
 ABDALLAH M. JEROUDI, M.D.  
 NISARG P. JOSHI, M.D.  
 JAYA B. KUMAR, M.D.

LUIS G. LEÓN-ALVARADO, M.D.  
 ELIAS C. MAVROFRIDES, M.D.  
 RAUL J. MORENO, M.D.  
 TOMAS A. MORENO, M.D.  
 JAMES A. STAMAN, M.D.  
 JONATHAN A. STAMAN, M.D.  
 BENJAMIN J. THOMAS, M.D.

**Patient Information**

**Referring Doctor Information**

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

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

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

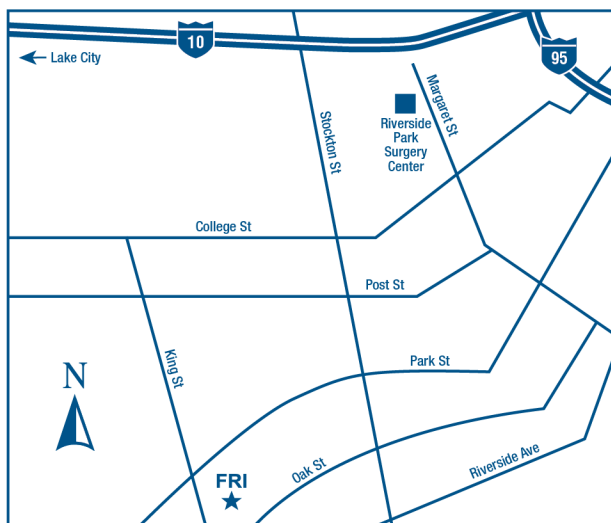
Referring Doctor Phone Number: \_\_\_\_\_

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

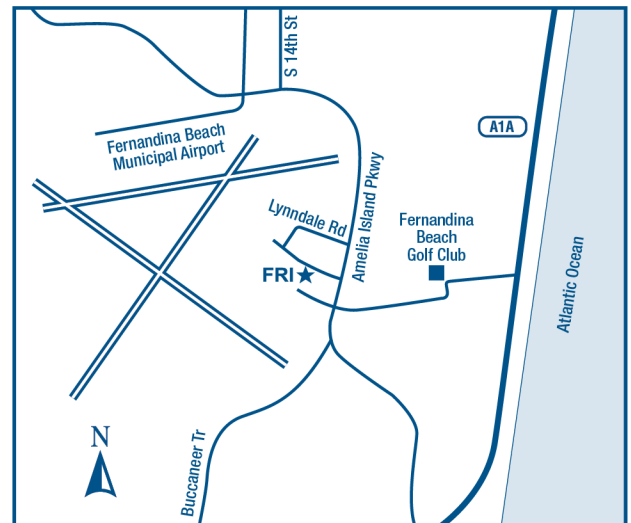
Referring Doctor Location: \_\_\_\_\_

**Diagnosis/Reason for Referral:**

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



2639 Oak Street • Jacksonville, FL 32204  
 (904) 387-5600 • FAX (904) 388-0114



2416 Lynndale Road, Suite 201 • Fernandina Beach, Florida 32034  
 (904) 387-5600 • FAX (904) 388-0114

**Please fax referral to (904) 388-0114 or email to [Referral@FloridaRetinalInstitute.com](mailto:Referral@FloridaRetinalInstitute.com)**

**1-800-237-3846**

[www.floridaretinainstitute.com](http://www.floridaretinainstitute.com)