



# BOSTON EYE PHYSICIANS AND SURGEONS

## Medical / Surgery Referral Form

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

### Patient Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email: \_\_\_\_\_

The best method to reach the patient:    Mobile    Home    Email

Referring Provider:

Phone Number:

### Reason for the Referral

Cataract    Glaucoma    Refractive    Retina    Cosmetic

Other \_\_\_\_\_

**Fax to (617) 232-7002** then give this sheet to the patient for directions & parking info

### Refer to:

\_\_\_ Kevin Kaufman, M.D., Ph.D. -- Cataract & Glaucoma

\_\_\_ Daniel Schwartz, M.D. – Cataract & Refractive

\_\_\_ Xiang Werdich, M.D., Ph.D. – Medical Retina

\_\_\_ Ioannis Glavas, M.D. – Cosmetic Ophthalmologist

\_\_\_ Best Schedule for the Patient (any doctor)

**Urgent Appointment Needed** \_\_\_\_\_

44 Washington Street #103 Brookline MA 02445 (Brook House Condominium)

Phone: (617) 232-9600 x 601    Fax: (617) 232-7002    Text: (781) 492-6141    [Info@BEPseye.com](mailto:Info@BEPseye.com)

Parking: 1 Brookline Place Garage (670 spots) or Onsite Small Paid Garage

Walking Distance: Green D – Brookline Village / Green E-Riverway / many bus lines

