



BOSTON EYE PHYSICIANS AND SURGEONS

Medical / Surgery Referral Form

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

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

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

