Comprehensive Eye Care
Medicine & Surgery of the Eye

Malik Eye Care

205-04 Hillside Ave.
Hollis, NY 11423
(718) 464-2020
Fax (718) 464-2030

90-16 Elmhurst Ave.
Jackson Heights, NY 11372
(718) 651-2200
Fax (718) 651-6556

96-20 Metropolitan Ave.
Forest Hills, NY 11375
(718) 793-2020
Fax (718) 793-2022

185 Woodbury Road
Hicksville, NY 11801
(516) 681-3937
Fax (516) 681-1272

188 Dyckman Street
New York, NY 10040
(646) 762-2020
Fax (212) 567-2730

S. M. Malik, M.D.
Medicine and Surgery of the Eye

T. Petratos, M.D.
Medicine and Surgery of the Eye

R. Shapiro, M.D.
Medicine and Surgery of the Eye

A. Demidenko, D.O.
Medicine and Surgery of the Eye

A. Kabiri, O.D.
Comprehensive Eye Care

D. Hart, O.D.
Comprehensive Eye Care

G. Osherov, O.D.
Comprehensive Eye Care

A. Vu, O.D.
Comprehensive Eye Care

G. Holtzberg, O.D.
Comprehensive Eye Care

Referral Form

Patient's Name_____ Patient's Phone_____

Exam Date_____

Referring Doctor/Office (Please Attach Business Card)_____

History_____

_____

Evaluation for:

___Glaucoma / Narrow Angles ___Cataracts / YAG

___Retinopathy (DM, HTN, Hole, Detach) ___Pterygium / DES / Ocular Surface Dis.

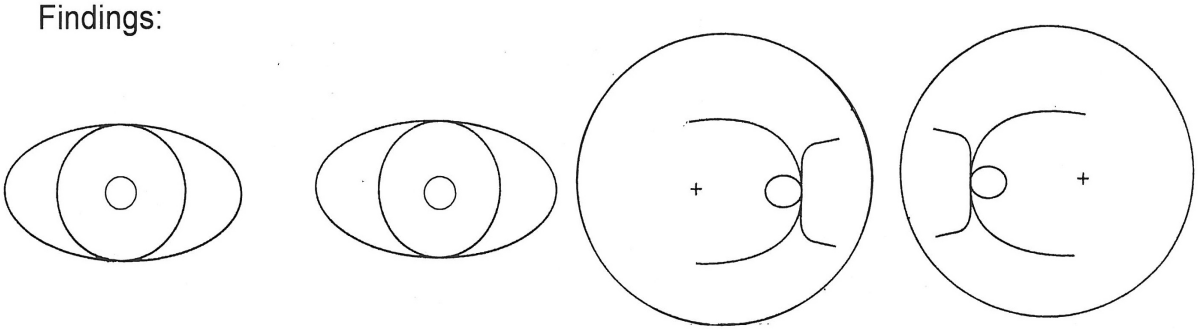
___Keratoconus / K. Dystrophy ___Floaters / Flashes

___Transient Visual Loss / TCD ___Others

OD - VA_____ IOP_____

OS - VA_____ IOP_____

Findings:



Other Instructions:

_____

INSTRUCTIONS TO PATIENT:

Please bring this form with you to our office.
If you need a referral from your insurance plan, please obtain one prior to your visit.