## PHYSICIAN COMMUNICATION FORM



## CONVENIENT WAYS TO INITIATE AN APPOINTMENT FOR YOUR PATIENT:

Complete this form and <b>fax</b> once completed to 305-653-6300 or <b>email</b> to referrals@americanvisiongrp.com  Call our Physician Referrals Concierge team, at 866-479-323 Ext 1 and provide the information below			
TODAY'S DATE	PHYSICIAN NAME	PHONE	FAX
PATIENT INFORMA	TION:		
NAME		DATE OF BIRTH	<del>1</del>
HOME PHONE NUMBER	CELL NUMBER		EMAIL
BCVA			
IOP			
REASON FOR REFERRAL			
NOTES:			
PHYSICANS:			
DR. ALAN SILBERT	☐ DR. LOGAN VA	NDER WOLLDE	☐ NO PREFERENCE/FIRST AVAILABLE
☐ DR. JOHN PUGLISI	_ 5200AN VA		
LOCATIONS:			
PEMBROKE PINES 601 N Flamingo Rd, Suite 3 Pembroke Pines, FL 33028	NORTH MIAMI 15 182 NE 168th St North Miami Be	treet	<ul><li>NORTH SHORE</li><li>1190 NW 95th St # 201</li><li>Miami, FL 33150</li></ul>

## PARTNERING WITH YOU TO OFFER QUALITY CARE

**CALL-** 866-479-3231, Ext 1

**FAX-** 305-653-6300

EMAIL- referrals@americanvisiongrp.com