

**Lauren R. Rosecan, MD, PHD, FACS**

Diseases, Laser Treatment & Surgery of the Retina, Macula and Vitreous  
Consultation Referral Form

HISP/Direct Mail Address: LRosecan@retinainstituteofflorida.emadirect.md

*Please fax this form to the office (561) 832-1591 and give a copy to the patient \* Send patient chart with most recent exam via HISP/Direct Mail Address*

Patient Name: _____	Date: _____
Patient Address: _____	
Patient Phone Number: _____	Insurance: _____
Referring MD: _____	Referring MD Signature: _____
Referring MD Tel: _____	Referring MD Fax: _____

Appointment Date: _____	Appointment Time: _____	
Office: <input type="checkbox"/> Palm Beach Gardens	<input type="checkbox"/> Stuart	<input type="checkbox"/> Boca Raton
Needs To Be Seen: <input type="checkbox"/> ASAP	<input type="checkbox"/> within _____ weeks	

<b>Consultation For:</b>			
<input type="checkbox"/> Consultation/Eye Evaluation	<input type="checkbox"/> Diabetic Exam	<input type="checkbox"/> Macular Degeneration	<input type="checkbox"/> Diagnostic Test

<b>Office Locations:</b>		
11381 Prosperity Farms Rd, STE 127 Palm Beach Gardens, FL 33410-3475 Tel: (561)368-7723	618 SE Ocean Blvd, STE 3 Stuart, FL 34994-2367 Fax: (561)832-1591	1050 NW 15 <sup>th</sup> St, STE 116 Boca Raton, FL 33486-1340