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Nader E. Fakhoury, O.D.  
Primary Eye Care

## Referral To Eye Care Professional

(\*This form is also available on line by logging onto our website)

### Instructions:

1. Please fill out this form and retain a copy for your records.
2. Provide the patient with a copy.
3. Call our office to notify us and then fax your request.

**Referral Source:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I agree to have this information provided to the above named practice and eye care professional.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

Thank you for allowing us to contribute to the care of this patient. Please expect a report back regarding this encounter.

Kindest Regards,

\_\_\_\_\_  
Nader E. Fakhoury, O.D.

Diagnosis & Management of Diseases & Disorders of the Visual System  
Adult & Pediatric Eye Examinations  
Comprehensive Contact Lens Services