



WASHINGTON EYE
INSTITUTE

Michael Summerfield, MD Comprehensive Ophthalmology, Cataract, Glaucoma, Refractive Surgery
Eric Fleisher, MD Comprehensive Ophthalmology and Cataract Surgery
Lamees Ashker, MD Comprehensive Ophthalmology, Cornea, Cataract and Refractive Surgery
Paul Goodman, MD Comprehensive Ophthalmology and Cataract Surgery
Rajini Seevaratnam, OD, MSC Comprehensive Medical Optometry, Routine and Specialty Contact Lens

Date of Referral: _____

Patients Name & Phone Number: _____

Diagnosis / Reason for Referral:

- Emergency / Trauma
- Cornea / Anterior Segment
- Cataracts
- Retina / Macula
- Glaucoma / Optic Nerve
- Diabetic Eye Exam
- Pterygium Removal
- Botox Injections
- Laser Peripheral Iridotomy
- Keratoconus
- Routine & Specialty Contacts
- Other:

Medical History / Clinical Information:

Referring Doctor Name & Email: _____

Referring Doctor Phone & Fax: _____