

**FLORIDA RETINA SPECIALISTS**

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Phone 321.735.8800

Fax 321.735.8898

FloridaRetinaSpecialists.com

**Patient Referral Form****PATIENT INFORMATION**

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Appointment Date

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Name (Last, first, middle initial)

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Date of Birth

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Street address, City, ST, ZIP Code

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Primary phone number

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Medical Insurance Company & Member number:

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Alternate phone number**Type of Referral**☐ Diabetic retinopathy☐ Possible retinal tear detachment☐ CRVO/BRVO☐ Macular Degeneration☐ Floaters/vitreectomy☐ Other\_\_\_\_\_***If this is urgent in nature, please call 321-735-8800 to speak with a receptionist.***

Please describe nature of patient complaint. Attach additional medical examination if available.

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**Referring Doctor**

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Practice Name

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Practice Fax

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Practice Phone

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Referring Physician Name

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Referring Physician Signature

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Date**PLEASE CHECK WHICH OFFICE YOU ARE REFERRING TO:**

- ☐ MERRIT ISLAND OFFICE:  
280 N Sykes Creek Pkwy, Suite B  
Merritt Island, FL 32953  
321-735-8800  
321-735-8898 fax

- ☐ VIERA OFFICE:  
2329 Medico Ln, Suite 103  
Melbourne, FL 32940  
321-735-8800  
321-690-2288 fax