



An affiliate of **PRISM** Vision Group®

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215.750.9411

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215.230.8599

Darmakusuma Ie, M.D. | Kekul B. Shah, M.D. | Laxmi V. Devisetty, M.D.

CONSULTATION REQUEST

PATIENT NAME _____

Consultation for:

- Macular Changes
- Decreased Vision
- Diabetic Retinopathy
- Macular Degeneration
- Flashes / Floaters, Retinal Detachment or Tear
- _____
- _____

My office has called, or the patient will call to arrange an appointment.

Doctor's Signature _____

Please give this to your patient or fax to 609.896.2982