

If this appointment is emergent please call our office to schedule.

Our Physicians

- Masud Malik, M.D.
Cataract Surgeon
Cornea Specialist

- M. Ovais Peracha, M.D.
Adult Medical Retina Specialist

- Anita Palmer-Hall, O.D.
Medical Optometrist

3865 N. Mulford Road
Rockford, IL 61114
Ph. (815) 399-2190
Fax (815) 399-5543

Appointment Scheduled & Form Faxed To Office

Appointment Date: _____

Time: _____

Please Call Patient to Schedule Appointment

Referring Physician _____

Date: _____

Patient Name:

Phone: _____

DOB: _____

Insurance #

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> CIGNA |
| <input type="checkbox"/> United Healthcare | <input type="checkbox"/> BCBS |
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Humana |
| <input type="checkbox"/> Other _____ | |

**** This patient has a plan that requires an insurance referral or authorization and this referral has been initiated by the referring office.**

Auth / Referral# _____

Valid Dates: _____

Reason:

- | | |
|---|--|
| <input type="checkbox"/> Age Related Macular Degeneration | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Headache/Migraine |
| <input type="checkbox"/> Diabetic Exam | <input type="checkbox"/> Ocular Irritation |
| <input type="checkbox"/> Diplopia | <input type="checkbox"/> Plaquenil Screening |
| <input type="checkbox"/> Eyelid lesion | <input type="checkbox"/> Foreign Body |
| <input type="checkbox"/> Failed Vision Screening | <input type="checkbox"/> Retinal Tear |
| <input type="checkbox"/> Floaters/Flashes | <input type="checkbox"/> Strabismus |
| <input type="checkbox"/> Ptosis/Dermatochalasis | <input type="checkbox"/> Other _____ |

Notes:

