



Advanced Eye Care & Surgery Center

1991 Park Avenue West
Mansfield, OH 4496
(419) 521-3937
www.drballitch.com

Appointment scheduled & Form Faxed to Office

Please Call Patient to Schedule Appointment

Appointment Date: _____

Time: _____

Harold A. Ballitch II, M.D. FACS

Gurpinderjeet Kaur, OD

Referral Form

Referring Physician: _____ Date: _____

Physician Phone: _____

Patient Name: _____

Phone: _____ DOB: _____

Reason:

- Glaucoma
- Cataract
- Eyelid Lesion/Deformities
- LipiView/LipiFlow (Dry Eye Assessment)
- Low Vision
- Amiodarone Evaluation
- Plaquenil Evaluation
- Other _____

Additional Comments: _____

Fax completed form to: 419-522-5189