Atlantic eye Institute

Live your vision.™

Patient Name: _____

Date of Birth: _____ Phone: _____

Address: _____ Email: _____ Ins: _____

Referring Doctor: _____ Ins ID Number: _____

Phone: _____ Fax: _____ Today's Date: _____

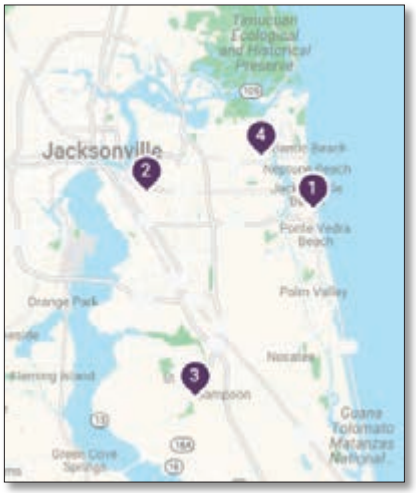
Reason for Referral:

- ☐ Cataract
- ☐ Diabetic Eye Exam
- ☐ Glaucoma
- ☐ Neuro-Ophthalmic Disease
- ☐ Oculoplastics
- ☐ Retina
- ☐ LASIK/PRK/ICL
- ☐ Other: _____

Our Doctors:

- ☐ Charles V. Duss, MD
- ☐ Karim J. Samara, MD
- ☐ Michelle L. Diaz, MD
- ☐ Sushma K. Vance, MD
- ☐ Sheila Pabon, MD
- ☐ C. Steven Lancaster, OD, FAAO
- ☐ Danielle T. Callegari, OD, FAAO
- ☐ Austin R. Felver, OD
- ☐ Kelsey M. Mileski, OD, FAAO
- ☐ Christen R. Russell, OD

Our Locations:



- ☐ **#1 Beaches:** 3316 Third Street South, Suite 103, Jax Beach, FL 32250
- ☐ **#2 Southside:** 6207 Bennett Road, Jacksonville, FL 32216
- ☐ **#3 St. Johns:** 105 Nature Walk Pkwy, Ste 105, St. Augustine, FL 32092
- ☐ **#4 Intracoastal:** 13457 Atlantic Boulevard, Ste 5, Jacksonville, FL 32225