

PHYSICIAN COMMUNICATION FORM

Thank you for choosing American Vision Group as your partner in care. We value your trust and look forward to delivering top-quality care for your patients.

CONVENIENT WAYS TO INITIATE AN APPOINTMENT FOR YOUR PATIENT:

- 1** Submit this form digitally, by scanning the QR code below
- 2** Complete this form and **text** it to **954-799-3405**
- 3** Complete this form and **email** to **referrals@yeseyespecialists.com** or **fax** to 954-452-7574

TODAY'S DATE

PHYSICIAN NAME

PHONE

FAX

PATIENT INFORMATION:

NAME

DATE OF BIRTH

HOME PHONE NUMBER

CELL NUMBER

EMAIL

BCVA

IOP

REASON FOR REFERRAL

NOTES:

PHYSICIANS:

- | | |
|---|---|
| <input type="checkbox"/> DR. ANIL VEDULA | <input type="checkbox"/> DR. JAMES FLEISCHMAN |
| <input type="checkbox"/> DR. AARUP KUBAL | <input type="checkbox"/> DR. HAMZA BHALLI |
| <input type="checkbox"/> DR. GEETHA VEDULA | <input type="checkbox"/> DR. MARK RUBINSTEIN |
| <input type="checkbox"/> DR. MICHAEL MARGOLIS | <input type="checkbox"/> DR. KELLI WOLPER |
| <input type="checkbox"/> MARLENE MACHADO PA-C | <input type="checkbox"/> _____ |
| <input type="checkbox"/> DR. SHELDON LEVIN | <input type="checkbox"/> NO PREFERENCE OR |
| <input type="checkbox"/> DR. ARASH MALEKI | FIRST AVAILABLE |

LOCATIONS:

- ☐ **AVENTURA**
2801 NE 213th Street, Suite 1006
- ☐ **PLANTATION**
1776 N Pine Island Rd, Suite 214
- ☐ **WESTON**
2200 N Commerce Pkwy, Suite 110
- ☐ **Ft. Lauderdale**
2466 E Commercial Blvd, Suite 102
- ☐ **Pembroke Pines**
601 N Flamingo Rd, Suite 315

TO SUBMIT FORM
DIGITALLY, SCAN ME



PARTNERING WITH YOU TO OFFER QUALITY CARE

CALL- 786-744-6153 ext.269 **FAX-** 954-452-7574 **EMAIL-** referrals@yeseyespecialists.com
Any questions, concerns or comments please reach out to our Director of physician relations at **786-841-7985**