Group		1 <u>p.com</u> 00 00		
<u>Medical Director</u> Harry Koster, MD Premium Cataract & LASIK Surgery	Patient's Phone #:		Patient's Email: Exam Date:	
Neelofar Ghaznawi, MD Cornea & Cataract Surgery				
<b>TriBeca/Financial District</b> 37 Murray Street, Unit B New York, NY 10007	Evaluation for: (please check)	<ul><li>LASIK</li><li>Glaucoma</li><li>Retina</li></ul>	<ul><li>Cataracts</li><li>Diabetes</li><li>Cornea</li></ul>	<ul> <li>Eyelids / Cosmetic</li> <li>Other</li> <li>Other</li> </ul>
<b>Queens</b> 119-15 Atlantic Avenue Richmond Hill, NY 11418			_ V/A IC	
Brooklyn 279 Wyckoff Avenue Brooklyn, NY 11237	Findings:	+		

Other Instructions:

## **INSTRUCTIONS TO PATIENT:**

PLEASE BRING THIS FORM WITH YOU TO OUR OFFICE.

## IF YOU NEED A REFERRAL FROM YOUR INSURANCE PLAN, PLEASE OBTAIN ONE PRIOR TO YOUR VISIT.

DIRECTIONS TO ALL OFFICES ARE ON THE REVERSE SIDE.