

SILVER SPRING EYE, LLC
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Ophthalmology Consult Request Form

Arusha Gupta, MD • Thomas H. Yau, MD • Jonathan S. Lyons, MD
Ophthalmologists & Ophthalmic Surgeons • Cataract & Cornea Surgery • ERG

Patient Name: _____

Referring Doctor: _____

Referral for: **Cataract Consult** **Cornea Consult** **Glaucoma Consult**

Dry eyes **ERG** **Pterygium surgery** **Other**

History and Present Treatment: _____

Signature: _____ Date: _____

Address: _____

Phone: _____

Fax: _____

Map and parking:

We are located in the Montgomery Center on Fenton Street. There is valet parking available in the building and there is also a public parking garage across the street on Cameron Street. We are also accessible via the Metro Red line- Silver Spring stop.



Please fax this form to our office prior to patient's appointment and ask the patient to bring this form on the day of appointment. We will fax you patients results so please provide fax number.

Patient forms, directions and parking information is also available on our website:

www.SilverSpringEye.com