PATIENT CONSULTATION FORM

EYE SPECIALISTS OF TEXAS

Gurpreet Singh, MD, FACS

American Board of Ophthalmology

Riverstone Medical Office Building
111 Vision Park Dr., Suite 140
The Woodlands, TX 77384
Office: (281) 363-2777

Doctors Pavilion
10425 Huffmeister Rd., Suite 270
Houston, TX 77065
Office: (281) 890-7444

Fax: (281) 890-0030

Date: _____

Referring Doctor: _____ Phone #: _____ Fax #: _____

This letter serves to introduce: _____

Patient's telephone number: _____

Reason for Consultation / Pertinent Clinical History:

_____

_____

_____

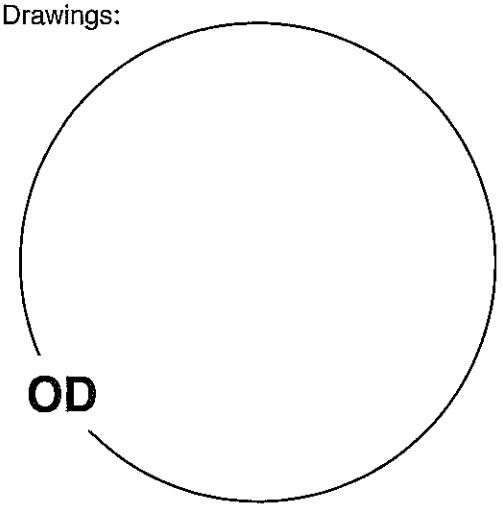
_____

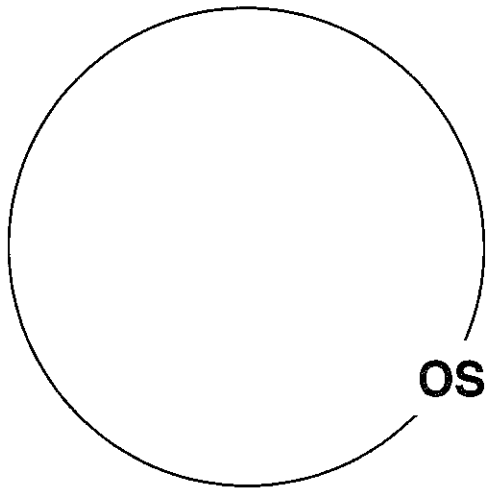
Findings today. Please fill in as appropriate:

V OD _____ IOP OD _____

A OS _____ OS _____

Drawings:



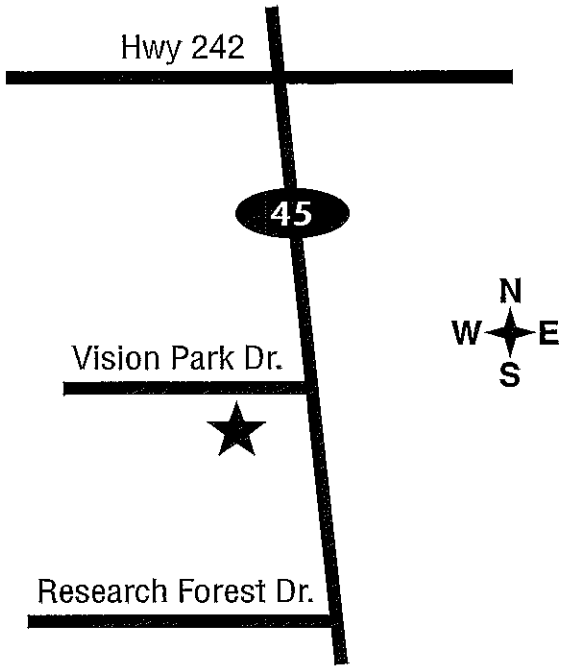


PLEASE INDICATE CO-MANAGEMENT PREFERENCE _____

ANY SPECIAL STUDIES REQUESTED _____

Please Fax This Form / Send With Patient. Thank You.

RIVERSTONE MEDICAL OFFICE BLDG.
111 VISION PARK DR., SUITE 140
THE WOODLANDS, TX 77384



DOCTORS PAVILION
10425 HUFFMEISTER RD, SUITE 270
HOUSTON, TX 77065