



*Specializing in Diseases and Surgery
of the Retina and Vitreous*

Nalin J. Mehta, M.D.

COLORADO RETINA CENTER DOCTOR REFERRAL FORM

DOCTOR'S NAME: _____

CONTACT # _____ FAX # _____ EMAIL: _____

PATIENT NAME: _____

DATE: _____

DIAGNOSIS AND/OR PERTINENT HISTORY:

BCVA: OD: _____

IOP: OD: _____

OS: _____

OS: _____

IF, POSSIBLE PLEASE FAX OVER LATEST OFFICE NOTES TO: (303) 893-5610

PLEASE CIRCLE PREFERRED OFFICE ADDRESS BELOW:

274 UNION BLVD. SUITE 120

9141 GRANT STREET, SUITE 243

LAKWOOD, COLORADO 80228

THORNTON, COLORADO 80229

OFFICE: (303) 893-5138

OFFICE: (303) 252-1363

FAX: (303) 893-5610

FAX: (303) 252-4657

THANK YOU FOR YOUR REFERRAL