



Retina Institute of the Carolinas  
&  
The Macular Degeneration Center

## Referral Form

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2007 Randolph Road  
Suite 503  
Charlotte, NC 28207

p. 704.332.1700  
f. 704.347.2710

2311 Aberdeen Boulevard  
Suite B2  
Gastonia, NC 28056

p. 704.864.7722  
f. 704.864.7882

701 E. Roosevelt Boulevard  
Suite 300A  
Monroe, NC 28112

p. 704.238.9900  
f. 704.238.9800

724 Arden Lane  
Suite 220  
Rock Hill, SC 29732

p. 803.232.2020  
f. 803.329.7897

Referring Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance#: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="radio"/> Aetna                  | <input type="radio"/> Optimum Choice           |
| <input type="radio"/> Alliance PPO           | <input type="radio"/> PHS                      |
| <input type="radio"/> Blue Cross/Blue Shield | <input type="radio"/> Piedmont Health Alliance |
| <input type="radio"/> Cigna                  | <input type="radio"/> Primary Physician Care   |
| <input type="radio"/> Healthcare Savings     | <input type="radio"/> Private Healthcare       |
| <input type="radio"/> Humana                 | <input type="radio"/> Tricare                  |
| <input type="radio"/> Kanawha                | <input type="radio"/> Tyson Preferred Network  |
| <input type="radio"/> Medicaid               | <input type="radio"/> US Healthcare            |
| <input type="radio"/> Medicare               | <input type="radio"/> Self-Pay                 |
| <input type="radio"/> MAMSI                  | <input type="radio"/> Other: _____             |
| <input type="radio"/> One Health Plan        | _____  |
| <input type="radio"/> Opticare               | _____  |

Reson#: \_\_\_\_\_

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="radio"/> ARMD            | <input type="radio"/> Post-op CME    |
| <input type="radio"/> CNVM            | <input type="radio"/> RD             |
| <input type="radio"/> CSME            | <input type="radio"/> Uveitis        |
| <input type="radio"/> Endophthalmitis | <input type="radio"/> Vit Heme       |
| <input type="radio"/> Macular Hole    | <input type="radio"/> Vein Occlusion |
| <input type="radio"/> Macular Pucker  | <input type="radio"/> Other: _____   |
| <input type="radio"/> NVG             | _____                                |

Notes: \_\_\_\_\_