MEDICAL CENTER OPHTHALMOLOGY ASSOCIATES

Please Select Physician to Whom You Are Referring

Darren Bell, M.D.
Retina

Shanna Brown, M.D.
Comprehensive Ophthalmology/Cataracts

Jeffrey Cohen, M.D., F.A.C.S.
Pediatric Ophthalmology

Steven Fisher, M.D.
Comprehensive Ophthalmology/Cataracts

Daniel Nolan, D.O.
Cataracts/Glaucoma

Anushree Sharma, M.D.
Cataracts/Cornea/Refractive

Michael Singer, M.D.
Retina

Estefany Alvarez, O.D.
Comprehensive Optometry/ Dry Eye

Violet Ehiem, O.D.
Comprehensive Optometry/ Dry Eye

Michael Orozco, O.D.
Comprehensive Optometry/ Dry Eye

Jorge Rodriguez, O.D.
Comprehensive Optometry/ Dry Eye

Referring Physician and Patient Information (Please Print)

Patient Name: _____ **Date:** _____

Patient Phone #: _____ **D.O.B.:** _____

Patient Insurance/Phone #: _____

Referring Physician: _____

Practice Name/Phone #: _____

Please Note: As the patient, it is your responsibility to verify insurance coverage prior to the day of your visit. You should bring your insurance information and all eye medications to the appointment. Contact lens wearers should bring glasses if possible. **Please fax most recent exam notes to (210) 697-2026 or send via secure email to communications@mcoaeyecare.com.**

Please Select Reason for Referral

☐ Cataracts ☐ Pediatric/Strabismus ☐ Glaucoma ☐ Cosmetic/Plastics

☐ Refractive ☐ Vitreo-retinal/Diabetic Eye Care ☐ Aesthetics ☐ Dry Eye/Optometry

Additional Notes: _____

_____

Please Select the Most Convenient Office for Patient

Northwest (NW)
9157 Huebner Rd.
San Antonio, TX 78240

Westover Hills (WH)
9730 Westover Hills Blvd.
Ste. 110
San Antonio, TX 78251

Stone Oak (SO)
109 Gallery Circle
Ste. 139
San Antonio, TX 78258

Northeast (NE)
11900 Crownpoint Dr.
Ste. 140
San Antonio, TX 78233

Del Rio (DR)
608 Bedell
Ste. A
Del Rio, TX 78840

Darren Bell, M.D.
NW/WH/SO

Michael Singer, M.D.
NW/WH/NE

Retina

Shanna Brown, M.D.
NW/WH/SO/NE

Steven Fisher, M.D.
NW/WH/SO

Cataracts

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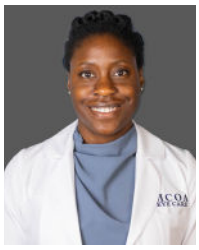
NW/WH



Violet Ehiem, O.D.
NW/SO

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DR

Comprehensive Optometry/Dry Eye

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