



Coordinating Your Patient Care

The Medical Eye Center is a referral-based ophthalmology practice with locations in Manchester, Nashua and Bedford, NH. We strive to provide each patient with the best possible visual outcome.

Patient Name: _____ D.O.B. _____

Patient Phone: _____

Referring Physician: _____

Primary Care Physician: _____

Phone: _____ Fax: _____

Insurance Coverage: _____ ID # _____

Time frame in which the patient should be seen: _____

Preferred office location (please circle): **NASHUA** **MANCHESTER** **BEDFORD**

Reason for Consultation (mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Headache with Eye Pain |
| <input type="checkbox"/> Red Eye | <input type="checkbox"/> Oculoplastics |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Lid Conditions |
| <input type="checkbox"/> Eye Trauma/Injury | <input type="checkbox"/> Lacrimal Conditions |
| <input type="checkbox"/> Double Vision | <input type="checkbox"/> Orbital Conditions |
| <input type="checkbox"/> Flashes and Floaters | <input type="checkbox"/> Thyroid Eye Disease |
| <input type="checkbox"/> Diabetic Eye Exam | <input type="checkbox"/> Age-related Macular Degeneration |
| <input type="checkbox"/> Unexplained Vision Loss | <input type="checkbox"/> Diabetic Retinopathy |
| <input type="checkbox"/> Ocular Manifestations of Systemic Diseases | <input type="checkbox"/> Epiretinal Membrane/Macular Hole |
| <input type="checkbox"/> Neuro-ophthalmology | <input type="checkbox"/> Retinal Tear/Detachment |
| | <input type="checkbox"/> Other: _____ |

Additional Comments:

WWW.THEMEDICALEYECENTER.COM

603-668-2020, FAX 603-668-0881

250 RIVER ROAD MANCHESTER, NH, 407 RIVERWAY PLACE BEDFORD, NH

835 HANOVER STREET SUITE 304 MANCHESTER NH, 17 RIVERSIDE STREET SUITE 104 NASHUA NH