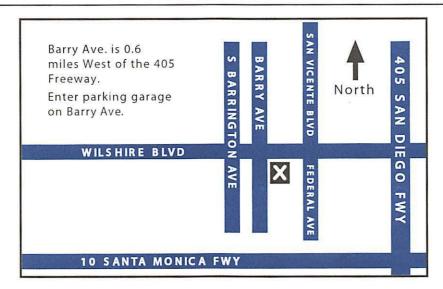
## Consultation Request

Patient's Name	Referring Doctor
Patient's Phone #	Doctor's Phone#
Date	Doctor's Fax#
evaluate this patient's problem(s) or	
_	n eyes
other (describe):	n eyes
and consider treatment as appropria	te. I look forward to receiving your of this patient, and I will resume general
and consider treatment as appropria opinion and advice regarding care o	te. I look forward to receiving your



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