


COMMUNITY EYE CARE COMMUNITY SURGERY AND LASER
SPECIALISTS CENTER

Gordon Wuebbolt, MD

Fax: 814 726 7459

www.communityeyecarespecialists.net

Michael Mikita, PA

PATIENT REFERRAL

Michael Landy, OD

Date: _____

Michael O'Neill, OD

Referral Number (if available): _____

Lauren Moore, OD

Dr. Requesting Consult: _____

Ralph Witchey, OD

Phone: _____

Fax: _____

2 Farm Colony Dr.
Warren PA 16365
814-726-2303

Patient's Name: _____

Phone: _____ DOB: _____

Insurance: _____ Policy# _____

Policy Holder: _____

2A Park Way
Seneca PA 16346
814-677-6404

If under 18:

Parent / Guardian Name: _____

462 Fairmount Ave
Jamestown NY 14701
716-484-6700

Indication for Consult: _____

110 E Columbus Ave
Corry PA 16407
814-655-1300

- Consultation
- IVFA / Fundus Photos

Diagnosis For: _____

1136 Central Ave
Dunkirk NY 14048
716-366-2033

- OCT ON
- OCT Macula

2223 W. State St
Olean, NY 14760
716-373-0444

- Visual Field
- Diabetic
- Glaucoma
- Age Related Macular Degeneration

Supporting documents enclosed: Yes No

Laser Consult. Type: _____

Other: _____