



THE EYE DOCTORS

CARE • PRECISION • CLARITY

☐

Dr Alp Atik
Cataract & Glaucoma

☐

Dr Vivian Kuang
Cataract, Retina and
Uveitis

Date: _____

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____

BCVA: R L **IOP:** R L

Drops:

Issue/Diagnosis:

☐

Glaucoma

Open angle ☐

Closed angle ☐

Suspect ☐

☐

Cataract

☐

Retina

AMD ☐

Diabetes ☐

Vein Occlusion ☐

☐

Other:

Comments:

Referrer: _____

Provider No: _____

THE EYE DOCTORS

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