ROTHBAUM
EYE + VISION

MICHAEL ROTHBAUM, MD

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Suite 103
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Mon-Fri 8:00 AM – 5:00 PM

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PATIENT INFO

NAME: _____

DOB: _____ PHONE: _____

PROVIDER INFO

REFERRING PROVIDER: _____

PHONE: _____ FAX: _____

REASON FOR REFERRAL:

- ☐ CATARACT
- ☐ MACULAR DEGENERTION
- ☐ DRY EYES
- ☐ GLAUCOMA
- ☐ DIABETES
- ☐ OTHER:

_____

_____

_____

APPOINTMENT:

DATE: _____

TIME: _____

Same day appointments for emergencies.
Please call our office to schedule appointments or speak with a staff member.