BOSTON VISION

3 EASY WAYS TO REFER

EMAIL US: MyPatient@BostonVision.com
Be sure to use a secure method when emailing us.

FAX THIS FORM: (617) 860-6891

MY PATIENT PORTAL: BostonVision.com/MyPatient
Allows for direct scheduling and tracking of your patients.

My Patient Referral Form

PATIENT INFORMATION:

Name: _____

Phone#: _____

Email: _____

REFERRING PHYSICIAN:

_____

Your patient's appt will usually be scheduled within one week.

If this is an urgent request please check below or call 617-277-4733.

☐ URGENT APPT

SERVICES / TREATMENTS OF INTEREST

- ☐ Cataract Consult
- ☐ Retina Consult
- ☐ Cornea Consult
- ☐ Glaucoma Consult
- ☐ Eyelid Disorders Consult
- ☐ LASIK / PRK
- ☐ ICL - Implantable Contact Lens
- ☐ CLE - Clear Lens Extraction
- ☐ Laser Floater Removal
- ☐ Cornea Crosslinking
- ☐ TearCare
- ☐ Cosmetics
- ☐ Other Specify Below:

_____

PREFERRED DOCTOR

- ☐ _____
- ☐ No Preference

Comments:

_____

Email us with questions at MyPatient@BostonVision.com or contact Dr. Melki via text at 617-818-7075.

Thank you for your Referral! Questions? Call (617) 277-4733