



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