

BRAVERMAN EYE CENTER

1935 EAST HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FLORIDA 33009
TEL: 954-458-2112 • FAX: 954-458-7186
bravermaneyecenter.com



OPHTHALMOLOGY REFERRAL FORM

OPHTHALMOLOGY

Board Certified in Ophthalmology

Stanley D. Braverman MD PA, FACS
Voluntary Assistant Clinical Professor

Bascom Palmer Eye Institute
Cataract Surgery
Corneal and Refractive Surgery
Glaucoma Surgery

Clayton Berger MD PA, FACS
Glaucoma and Glaucoma Surgery

Stuart Burgess MD PA, FACS
Retina and Vitreous Surgery
Diabetic Laser Surgery
Macular Degeneration

Alan S. Lane MD PA, FACS
General Ophthalmology

Tirso Lara MD PA, FACS
Retina and Vitreous Surgery
Diabetic Laser Surgery
Macular Degeneration

David P. Tenzel MD PA, FACS
Ophthalmic Plastic and
Reconstructive Surgery

Patient Name: _____ Phone: _____

Referring doctor: _____ Phone: _____

Referred to: _____ Phone: _____

Chief Complaint/ history/ reason for referral: _____

Date examined: _____

Refraction: OD: _____ 20/ _____ BVA
OS: _____ 20/ _____ BVA

IOP: OD: _____ OS: _____ at _____

Other significant findings: _____

NEURO-OPHTHALMOLOGY

Board Certified in Neurology

Eric F. Ciliberti MD PA, MS
Double Vision
Visual Pathway Disorders

Referral Dr. signature: _____ Date: _____

_____ Appointment date: ____/____/____ at _____

_____ Call patient to make appointment.

_____ Patient will call office to make appointment ___ Urgent ___ Routine

OPTOMETRY

Board Certified in Optometry

Ryan Y. Hargreaves OD
Residency Trained
Director of Education

Timothy Ziegler OD
Residency Trained

Please fax this form to: (954) 454 5340 Attention: JANET

