NJ EYE AND EAR
LASIK CENTER

1016 Main Ave Clifton, NJ 07011 • (973)-546-5700
23 W Palisade Ave Englewood, NJ 07631 • (201)-408-4441

Refractive Referral Sheet

Date: _____

Referring: Dr. _____ ☐ O.D. ☐ M.D.

Referring Fax: _____

Patient Name: _____

Date of Birth: _____

Patient Phone: _____

Patient E-mail: _____

Medical Insurance: _____

Preferred location: ☐ CLIFTON ☐ ENGLEWOOD

Co-management? ☐ YES ☐ NO

Notes:

Please send a COPY of this referral to Terry Oakes: **toakes@njeyeandear.com**
Fax: (866)-351-9920
Cell: (551)-266-0767