



## Vijay Khetpal MD

**Board Certified Ophthalmologist, Specializing in Diseases of Retina**

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### PATIENT REFERRAL FORM

Urgent  Routine

#### Patient Information

Date of referral: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Referring Physician

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

History/Reason for referral: \_\_\_\_\_  
\_\_\_\_\_

Call patient to make appointment;

Patient will call office to make appointment;

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**Please Fax this form to (903)-337-0060**