SUMMIT EYE
SURGEONS

Erin B. Lally, M.D.
Comprehensive Ophthalmologist
Specializing in Cataracts and Medical Retina

# Referral Form

Patient Name: _____

Patient DOB: _____

Phone: _____

Visual Acuity < Right Eye: 20/_____
Left Eye: 20/_____

- ❑ Comprehensive eye exam
- ❑ Cataract evaluation
- ❑ Glaucoma Evaluation
- ❑ Diabetic retinal exam
- ❑ Retina Evaluation
- ❑ Other: _____

Referring Doctor: _____

Address: _____

Phone: _____ Fax: _____

2100 Forest Avenue, Suite 105, San Jose, CA 95128
Phone: 408.495.8800 Fax: 408.495.8877
summiteyemd.com

Appointment Information:

DATE:_____

TIME:_____

Office Map: