



Friedrich Eye Associates, PLLC

One Northgate Park Plaza, 2120 Northgate Park Lane, Suite 102, Chattanooga, TN 37415
Phone: (423) 702-2020 Fax: (423) 702-2021

REFERRAL FORM

DATE: _____

REFERRING PHYSICIAN'S NAME: _____

REFERRING PHYSICIAN'S PHONE: _____ FAX: _____

PATIENT'S NAME: _____ DOB: _____

PHONE NUMBER: _____ ADDITIONAL NUMBER: _____

REFERRAL TO: _____ DAVID L. FRIEDRICH, MD
_____ MICHELE R. HARANIN, OD
_____ FIRST AVAILABLE

REASON FOR REFERRAL:

_____ CATARACT EVALUATION	_____ DRY EYES
_____ DIABETES SCREENING/ EYE EXAM	_____ EYE LESION
_____ ROUTINE DILATED EYE EXAM	_____ FLASHES/FLOATERS
_____ GLAUCOMA	_____ IRITIS/INFLAMATION
_____ REDNESS IN EYE OR AROUND EYES	_____ MACULAR DEGEN.
_____ FOREIGN BODY IN EYE	_____ STYE/CHALAZION
_____ OTHER: _____	

Inner office use:

Appointment Date: _____ Time: _____ am pm with _____ Dr. Friedrich _____ Dr. Haranin

Patient Notified via _____ Phone _____ Letter _____ E-mail _____

Appointment Scheduled by FEA Employee: _____

Thank you for trusting us in the care of your patient's vision and eye needs!