

FORT LAUDERDALE EYE INSTITUTE

☐ **Plantation Office**
850 S. Pine Island Rd. #A100
Plantation, FL 33324
P: (954) 741-5555
F: (954) 741-6298

☐ **Fort Lauderdale Office** (Retina & Oculoplastics)
1930 NE 47th St. #101
Fort Lauderdale, FL 33308
P: (954) 772-3337
F: (954) 772-2033

Appointment Request

Today's Date: _____ Insurance Carrier: _____
Patient Name: _____ Insurance ID: _____
Patient DOB: _____ Referring Provider: _____
Patient Phone: _____ Provider Phone: _____
Patient Email: _____ Provider Fax: _____

Please call our office for same-day EMERGENCIES at (954) 741-5555

☐ **EMERGENCY**

☐ **URGENT (1 WEEK)**

☐ **ROUTINE**

Reason For Appointment:

Would you like to co-manage the post-op care of your patient after cataract surgery? Yes ____ No ____

Please check which doctor(s) you are requesting:

- ☐ **Dr. Keith Skolnick** (Cataract, Glaucoma)
☐ **Dr. Luis Fernández de Castro** (Cataract, Cornea, Glaucoma)
☐ **Dr. Ilan Epstein** (Cataract, Cornea, Glaucoma, LASIK)

☐ **Dr. Stuart Burgess*** (Retina, Macula, Vitreous)
☐ **Dr. Tirso Lara*** (Retina, Macula, Vitreous)
☐ **Dr. Natalia Villate*** (Retina, Macula, Vitreous)

☐ **Dr. Gil Epstein** (Oculoplastics Cosmetic & Functional, Orbit, Lacrimal, Botox)
☐ **Dr. Aliza Epstein*** (Oculoplastics Cosmetic & Functional, Orbit, Lacrimal, Botox)

*Doctors who practice out of both offices

Patient's Notes Will Be Provided Within 3 Weeks of Visit

FLEI Office-Use Only: Appointment Date _____ Time _____ Scheduled By _____