

RETINA RESEARCH CENTER

Brian B. Berger, MD Fuad Makkouk, MD David Brent, MD Stephen Whiteside, MD

Date: _____

Referring Doctor: _____

Patient Name: _____ DOB: _____

Patient Phone #: _____

Referral for evaluation for a clinical trial for the following condition:

- Wet Age-Related Macular Degeneration
- Dry Age-Related Macular Degeneration with Geographic Atrophy
- Non-Proliferative Diabetic Retinopathy w/ or w/o DME (treatment naïve)
- Diabetic Macular Edema
- Retinal Vein Occlusion – BRVO or CRVO (treatment naïve)
- Macular Telangiectasia Type II (registry – observational study)
- Uveitis

Please fax office note to 512-600-2882 for further evaluation

Office Address:

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