



Southeastern Retina Associates, P.C.
Diseases and Surgery of the Retina and Vitreous

Today's Date: _____ Appointment Date:

Patient: _____ DOB: _____

___ Dr. Breazeale ___ Dr. DeCroos ___ Dr. Shah ___ Dr. Ghodasra

(Please fax back to 865-244-2880 prior to above appointment.)

Consult for:

Pertinent Findings:

VA OD: 20/ _____

VA OS: 20/ _____

Specific concerns / Comments:

Referring Doctor (please print): _____

Referring Doctor Signature: _____

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Phone: 4237561002