Mid Atlantic Cornea Consultants (York Office)

Sudeep Pramanik, MD MBA FACS & Katherine Fallano, MD

Patient Name: _____

Referring Doctor: _____

Appointment Date/Time: _____

Indication for Consult:

□ Cornea Consult
□ Cornea Transplant
□ Keratoconus / Crosslinking
□ Conjunctiva Abnormality
□ Refractive Complications
□ Glaucoma Suspect
□ Open Angle Glaucoma
□ Complex Cataract by Referral
□ Surgical Complications
□ Secondary IOL
□ Lens Exchange
□ Eyelid Abnormality
□ Closed/Narrow Angle Glaucoma
□ Neovascular Glaucoma

□ Other_____

_____

_____

Phone: 717-650-6148 **Fax:** 443-927-7515

Please bring this form, your insurance card and referral, if needed.
Please notify us if you are unable to keep your appointment.

To expedite your check-in, please fill out our new patient forms which can be found at www.midatlanticcornea.com

Map and location on the back


MID ATLANTIC
CORNEA CONSULTANTS
York, PA Office
1600 Sixth Avenue,
Suite 119 B
York, PA 17403
Phone: 717-650-6148
Fax: 443-927-7515
East Market Street
462
EXIT 19A
Elmwood Blvd
EXIT 19
South Belmont Street
South Yale Street
83
3rd Avenue
High Alley
4th Avenue
Memorial Hospital
South Ogontz St
Clay Alley
5th Avenue
Davis Alley
6th Avenue
Mid Atlantic
Cornea
Consultants
7th Avenue
N