



Desert Eye
and Laser

REFERRAL FORM

Date: _____

Patient Name: _____ Phone: _____

Referring Doctor: _____

Doctor's Phone: _____ Fax: _____

Reason for consult:

- Cataracts
- Glaucoma
- Diabetes
- Macular Degeneration

- Blurred vision
- Eye irritation

Other : _____

Notes: _____

Please fax form to: 📠 760-836-1151

Hal Le, M.D.

Diplomate, American Board
of Ophthalmology



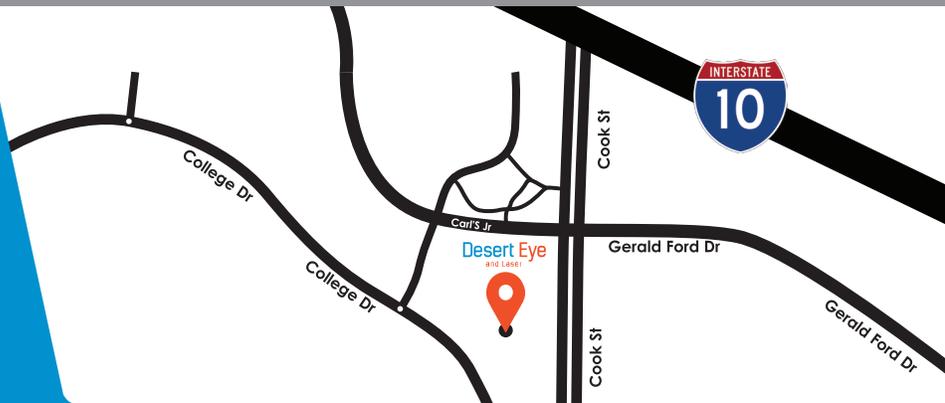
36921 Cook Street, Suite 103
Palm Desert, CA 92211



760-836-EYES (3937)



deserteyeandlaser.com



Located at the southwest corner of Gerald Ford and Cook Street just south of the I-10 in the Village at University Park