



# The Eye Associates

Formerly Bowden Eye & Associates,  
Schneider Eye & Wellness Center,  
and Janet A. Betchkal, MD

## Patient Referral to The Eye Associates Northeast Region

Faxed Referral Requests are processed within 5 business days. Please set this expectation with your patients.

**URGENT or EMERGENT Referrals must be scheduled directly with the Referral Department to avoid delay.**

**Please call 904-648-8306 to schedule all urgent/emergent appointments.**

### Patient Information

Name: \_\_\_\_\_ DOB (M/D/Y): \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Referring Doctor Information

Doctor Name: \_\_\_\_\_ Office Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Consultation Request

☐ First Available

☐ Janet A. Betchkal, MD

☐ Frank W. Bowden, III, MD

☐ Tim Schneider, MD

☐ Mary-Kate Wilson, MD

☐ Thara Abu-Mallouh, OD

☐ Zachary Boeskool, OD

☐ Philip Griffith, OD

☐ Alice Laflamme, OD

☐ Jerry Robben, OD

### Location

☐ Beaches

☐ Northside

☐ Southside

☐ St. Johns

☐ St. Vincent's Riverside

### Consultation Type

☐ Cataract

☐ Droopy Lids

☐ Eyelid Lesions

☐ Glaucoma

☐ LASIK

☐ Retina

☐ YAG

☐ Other - Lid Related

☐ Other (Please include notes/details below)

Please evaluate this patient's problems(s) or conditions(s) as described herein:

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**PLEASE FAX REFERRALS TO:  
REFERRAL DEPARTMENT at 904-861-3899**