



Please Fax Completed Form to: (727) 823-8796

REQUEST FOR EXAM

REQUESTED BY

Doctor Name: _____

Date: _____ Fax: _____

Email: _____

Practice: _____

REQUESTED FOR

Patient Name: _____

Date of Birth: _____

Insurance: _____

Appointment Date: _____

Time: _____ AM/PM

Reason for Referral:

- ☐ LASIK Evaluation
- ☐ SMILE Evaluation
- ☐ ICL Evaluation
- ☐ RLE Evaluation
- ☐ Cataract Evaluation
- ☐ Medical BOTOX® (Migraines & Blepharospasm)

Michael Manning, M.D., F.A.C.S.

Cataract and Refractive Surgeon

ALL LOCATIONS

- ☐ LASIK
- ☐ SMILE
- ☐ ICL
- ☐ RLE
- ☐ Cataract
- ☐ Medical BOTOX® (Migraines & Blepharospasm)

Kendra DeAngelis, M.D.

Fellowship-Trained Oculoplastic Surgeon

PALM HARBOR AND ST. PETERSBURG

- ☐ Eye Lid Surgery

Jason Handza, D.O.

Vitreo-Retinal Surgeon

ST. PETERSBURG ONLY

- ☐ Consultation

Comment: _____

OFFICE LOCATIONS

St. Petersburg

1515 9th Avenue North
St. Petersburg, FL 33705

(727) 895-2020

Palm Harbor

2650 Tampa Road
Palm Harbor, FL 34684

(727) 895-2020

Pinellas Park

6036 Park Boulevard
Pinellas Park, FL 33781

(727) 895-2020