

Eye Disease Consultants, LLC

Paul A. Gaudio, M.D.
Uveitis, Cornea, and
Ocular Surface Diseases

John J. Huang, M.D.
Vitreoretinal Diseases
and Uveitis

Alexander R. Gaudio, M.D.
Diseases and Surgery of the
Retina & Vitreous

David R. Shield, M.D.
Clinical Fellow in Uveitis

Joseph S. Madrak, O.D.
Primary Eye Care

Consultation Request

Patient's Name: _____ DOB: _____

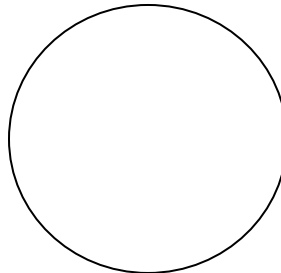
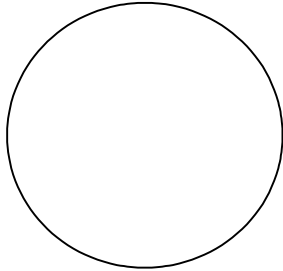
Referring Doctor: _____ Phone #: _____

Referral for Consultation to:

- Alexander R. Gaudio, MD
- Paul A. Gaudio, MD
- John J. Huang, MD
- Joseph Madrak, OD

Reason for this consultation request/Doctor's comments/other instructions:

Primary Eye: OD OS OU



Signature of Referring Doctor

Date of appointment: _____ **Time:** _____

Instruction to referring office: Please fax this form to (860) 549-2025. A copy should be kept in your record as well. *When sending a Uveitis patients, please send their latest blood work.*

Instruction to patients: Please bring a copy of this form to the appointment and if you need a referral from your insurance plan, please obtain one prior to visit.

**85 Seymour Street, Suite 522
Hartford, CT 06106**

**1043 Farmington Avenue
West Hartford, CT 06107**

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