

**Vision Correction Surgery
Cornea & Anterior Segment Disease
Cataract & Implant Surgery
General Ophthalmology**

- Thomas E. Clinch, M.D.
- Paul C. Kang, M.D.
- Deepika N. Shah, M.D.

**Glaucoma
Cataract Surgery
Anterior Segment Laser Treatment
General Ophthalmology**

- Hylton R. Mayer, M.D.
- Kenneth S. Schor, M.D.

**Pediatric Eye Care
Adult Strabismus**

- G. Vike Vicente, M.D.
- Ashley Z. Wong, O.D.

**Oculoplastic
General Ophthalmology**
 Mary C. Fischer, M.D.



Website
www.edow.com

Main Office Phone Number
Office: 301.215.7100

Maryland
Chevy Chase Metro Building
2 Wisconsin Circle, Suite 230
Chevy Chase, MD 20815

4600 North Park Avenue
Plaza North
Chevy Chase, MD 20815

Virginia
8230 Boone Boulevard, Suite 125
Vienna, VA 22182

Washington, DC
1016 16th Street, NW, Lower Level
Washington, DC 20036

Medical Records
Fax: 202.688.2857
Email: medicalrecords@edow.com



Eye Doctors
OF WASHINGTON

Request for Consultation

(Please Print)

Date: _____

Patient's Name: _____

Patient's Phone Number: _____

Date of Birth: _____

Referring Doctor's Name: _____
(Please Print)

Referring Doctor's Phone Number & Practice: _____

Dear Eye Doctors of Washington:

I am sending this patient to you for assistance with his/her care. Please evaluate this patient's condition(s) and consider treatment as appropriate.

I look forward to receiving your opinion and advice regarding care of this patient, and will resume general care following your consultation.

Signed: _____
(Referring Doctor)

Ask the patient to call our office to schedule an appointment, referencing the referral and this form on the day of appointment. **Please fax this form along with patient's medical records to 202.688.2857 in advance of the patient's scheduled appointment.** Thank you.