



Maryland Glaucoma and Eye Care

Salman Ali, MD

500 South Camp Meade Road, Suite A
Linthicum Heights, MD 21090
Office: 443-354-1300 • Fax: 443-410-3805
www.marylandglaucoma.com

REQUEST FOR CONSULTATION

Please fax the completed form in advance of the patient's scheduled appointment. Please also include any pertinent clinical information with this form along with any recent glaucoma testing. Please include visual field testing from the past 3 years, if available.

Patient Name: _____

DOB: _____ Patient Phone #: _____

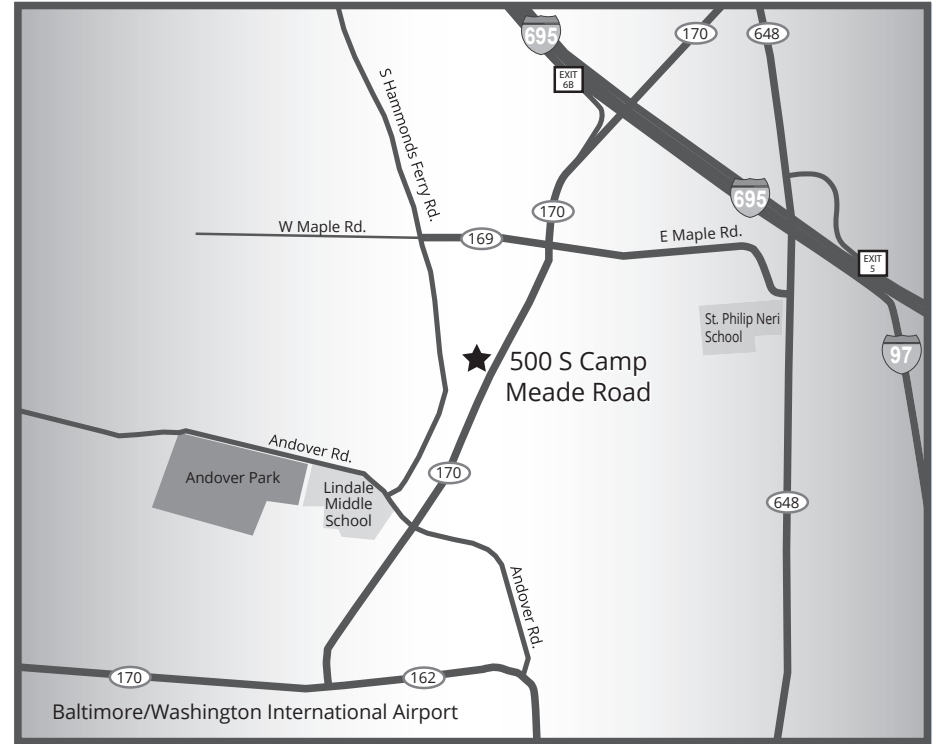
REASON FOR CONSULTATION

Referring Doctor Name: _____ (Print) Date: _____

Referring Doctor Phone: _____ Fax: _____

A letter will be faxed after evaluation.

Please check if you would also like a phone call.



From the Outer Loop:

- Take Exit 6B
- Office is on the right after about ½ mile

From the Inner Loop:

- Take Exit 5 and turn left on MD-648S
- Turn right on East Maple Rd.
- Turn left on S Camp Meade Rd.
- Office is on the right after about ¼ mile

Office is located between Exxon gas station and Sandy Spring Bank

INFORMATION FOR PATIENTS

Please bring the following on the day of your appointment:

- Insurance & identification card
- Information to complete health history
- List of all medications

Please call our office for the following information:

- Discuss what to expect during your visit
- Get directions to our office
- Find out how long your appointment will be

Please expect to be dilated at your initial examination