



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.

Patient Name: _____ Patient Phone #: _____
DOB: _____

REASON FOR CONSULTATION

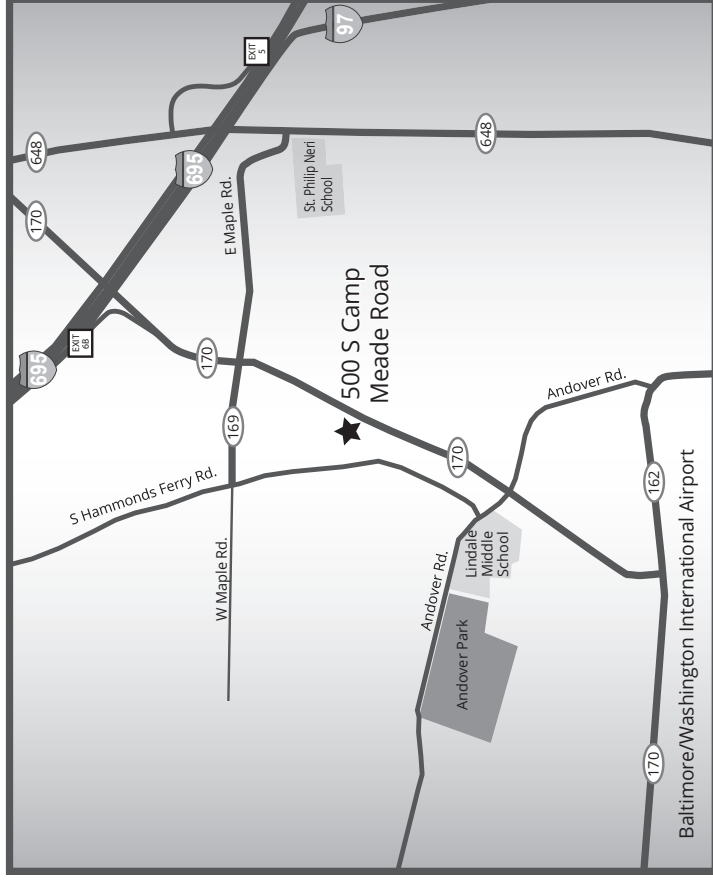
- Glaucoma Cataract Diabetes Flashes/Floaters
- Macular Degeneration Blurry Vision
- Other: _____

Additional Information:

Referring Doctor Name: _____ Date: _____
(Print)

Referring Doctor Phone: _____ Fax: _____

Please call after seeing the patient.



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