

My Patient Referral

Fax Form

Fax this Referral Form to:
(617) 860 - 6891

Did you know! There are 4 easy ways to refer patients.



MY PATIENT PORTAL: BostonLaser.com/MyPatient

Allows for direct scheduling and tracking of your patients.

OUR GOOGLE FORM: BostonLaser.com/MyPatient

HIPAA Compliant

EMAIL: MyPatient@BostonLaser.com

Be sure to use a secure method when emailing us.

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PATIENT INFORMATION

Name: _____

Phone#: _____

Email: _____

REFERRING PHYSICIAN:

Your patient's appt will usually be scheduled within one week.

If this is an urgent request please check below or call 617-277-4733

URGENT APPT

SERVICES / TREATMENTS OF INTEREST

- | | |
|---|--|
| <input type="checkbox"/> Cataract Consult | <input type="checkbox"/> CLE - Clear Lens Extraction |
| <input type="checkbox"/> Retina Consult | <input type="checkbox"/> Laser Floater Removal |
| <input type="checkbox"/> Cornea Consult | <input type="checkbox"/> Cornea Crosslinking |
| <input type="checkbox"/> Glaucoma Consult | <input type="checkbox"/> Lipiflow |
| <input type="checkbox"/> Eyelid Disorders Consult | <input type="checkbox"/> Cosmetics |
| <input type="checkbox"/> LASIK / PRK | <input type="checkbox"/> Other Specify Below |
| <input type="checkbox"/> ICL - Implantable Contact Lens | _____ |

PREFERRED DOCTOR

No Preference

Comments:

Contact us with questions at
MyPatient@BostonLaser.com
or contact Dr. Melki via text at
617-818-7075. He's directly
available to answer your
questions!



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Thank you for your Referral!