



**RETINA ASSOCIATES  
OF FLORIDA**

Diseases & Surgery of the Retina & Macula

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# Clinical Trial Referral Form

Complete this form. Give a photocopy to your patient to bring to their appointment.

Mention the **CLINICAL TRIAL** when making an appointment.

**RAF Phone: 813-875-6373 Fax: 813-877-2614**

Patient Name \_\_\_\_\_

Patient phone \_\_\_\_\_

Patient DOB \_\_\_\_\_

Please consider the patient listed above for the following clinical trial:

- Wet macular degeneration
- Dry macular degeneration
- Diabetic
- Other

**Referring Doctor:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

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**Retina Associates of Florida**  
602 South MacDill Ave  
Tampa, FL 33609  
Ph: 813-875-6373  
fax: 813-877-2614

**Retina Associates of Florida**  
1007 Professional Park Drive  
Brandon, FL 33511  
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Patients will receive **free testing**. If patient qualifies, they will be enrolled in the appropriate clinical trial and will receive free office visits and treatment for the course of the trial. If the patient does not qualify for enrollment in a clinical trial, the evaluation is still free and the patient will be advised of treatment options pertinent to their condition.