



**RETINA ASSOCIATES
OF FLORIDA**

Diseases & Surgery of the Retina & Macula

Ivan J. Suñer M.D. | Marc C. Peden M.D. | Nadim M. Rayess M.D.

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: _____

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
Ph: 813-875-6373
fax: 813-877-2614

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.