



**ADVANCED  
RETINA  
INSTITUTE**

Michael Tsipursky, MD FASRS  
Board Certified Ophthalmologist  
Vitreoretinal Surgeon  
28901 Trails Edge Blvd, Suite 201-202  
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Phone: 239-544-3122, Fax: 239-544-3128

Referring Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Gender: M F

D/O/B: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Dx: Name / ICD10 Code / Eye(s): \_\_\_\_\_

Referral Time Frame needed: \_\_\_\_\_ Days / Wk(s) / Month / Date: \_\_\_\_\_

Specific Care requested: \_\_\_\_\_

**\*Please fax this referral notice with the most recent medical note to 239-544-3128.**

**\*\*We will contact the patient to verify insurance coverage and schedule an appointment.**