



## Idaho Retina Center PLLC

Ali T. Parhiz, M.D.

P:(208)322-5996

F:(208)506-7852

Referring Doctor: \_\_\_\_\_

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

Appointment Date/Time: \_\_\_\_\_

Visual Acuity:

OD:

OS:

Pressure:

OD:

OS:

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

