



**RETINA ASSOCIATES
OF FLORIDA**

Diseases & Surgery of the Retina & Macula

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

Clinical Trial Referral Form

Please fill out this form and ask your patient to bring a copy of it with them to their appointment. Please mention the **CLINICAL TRIAL** when making an appointment with Retina Associates of Florida, phone: 813-875-6373

Please fax this form to RAF at: 813-877-2614.

Patient Name _____

Patient phone _____

Patient DOB _____

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

- Wet macular degeneration
- Diabetic macular edema
- Vitreous hemorrhage from proliferative diabetic retinopathy

Referring Doctor:

Name _____

Address _____

Phone _____

Comments/Notes: _____

Retina Associates of Florida
602 South MacDill Ave
Tampa, FL 33609

Retina Associates of Florida
1007 Professional Park Drive
Brandon, F 33511

Patients will receive a **free evaluation by Dr. Suner or Dr. Peden**. If patient qualifies, they will be enrolled in the appropriate clinical trial and will receive free office visits and free 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.