



**RETINA ASSOCIATES
OF FLORIDA**

Diseases & Surgery of the Retina & Macula

Ivan J. Suñer M.D. | Marc C. Peden 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

Please call RAF or visit www.TampaRetina.com and click on Research to ensure the Trial is still active and enrolling.

Referring Doctor:

Name _____

Address _____

Phone _____

Comments/Notes: _____

Retina Associates of Florida
602 South MacDill Ave
Tampa, FL 33609
Ph: 813-875-6373
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Retina Associates of Florida
1007 Professional Park Drive
Brandon, FL 33511
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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.