

MWEC ANTERIOR SEGMENT REFERRAL



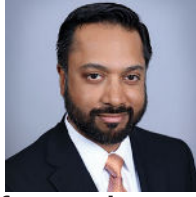
CENTER

✓ Check Physician to Whom You Are Referring (or First Available)

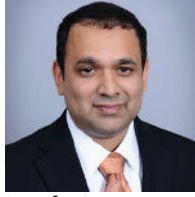
CATARACTS (First Available)



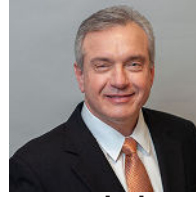
Stephan G. Dixon, M.D.
COL, DEL, DWT, KW



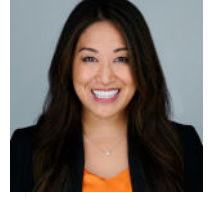
Saif Jaweed, M.D.
COL, EG, KW, TMP, WC



Faiz Khaja, M.D.
(MEDICAL RETINA)
CHA #215, DWT, EG, SPD



Stephen Kondash, M.D.
WR



Kristen Ann V. Mendoza, M.D.
AND, EG, FL, TMP



Maryam Ahmed-Naqvi, M.D.
DEL, KW, WC



Aaron R. Noll, M.D.
EG, HAM, TMP



Jean M. Noll, M.D.
FL, TMP



Louis J. Schott, M.D.
AND, HILL



Trisha Volmering, M.D.
HAM, HP, OX

GLAUCOMA (First Available)



Stephan G. Dixon, M.D.
COL, DEL, DWT, KW



Kristen Ann V. Mendoza, M.D.
AND, EG, FL, TMP



Louis J. Schott, M.D.
AND, HILL



Maryam Ahmed-Naqvi, M.D.
DEL, KW, WC

PEDIATRIC/STRABISMUS

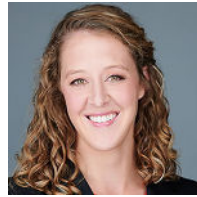
AESTHETICS (First Available)



Mark A. Cepela, M.D.
CHA #210, KW



Julia Elpers, M.D.
CHA #210, EG, WC



Trisha Volmering, M.D.
HAM, HP, KW, OX

REFRACTIVE

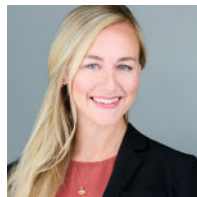


Saif Jaweed, M.D.
COL, EG, KW, TMP, WC

COSMETIC & PLASTIC (First Available)



Mark A. Cepela, M.D.
CHA #210, KW



Julia Elpers, M.D.
CHA #210, EG, WC

Physician and Patient Information (Please Print)

Appointment: Already Scheduled _____ Call to Schedule _____
Referring Physician _____
Practice Name/Phone Number _____
Patient Name _____ D.O.B. _____
Patient Phone Number _____
Reason For Visit _____

PATIENTS:

- Please bring this form with you to your appointment at MidWest Eye Center.
- Please bring your health insurance cards, any forms from your referring doctor, your glasses, a list of any current medications or illnesses, and if necessary, a person to drive you home from your appointment.

HOW TO FIND US

1060 Nimitzview Dr., Suite 105
Cincinnati, OH 45230
P: 513.232.2500
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Cincinnati, OH 45236
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F: 513.791.4567

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