



Oculofacial & Plastic Surgery
CONSULTANTS

Renzo A. Zaldivar, MD

Ginny Vanderburg, PA-C

Tal J. Rubinstein, MD

Rebecca Dawson, PA- C

Patient Name: _____ D.O.B: _____

Home Phone: _____ Cell Phone: _____

Primary Insurance and Subscriber ID: _____

Secondary Insurance and Subscriber ID: _____

Referring Provider and Practice: _____

Referring Practice Phone Number: _____ Exam Date: _____

Best Corrected Visual Acuity: ___/20 - Right ___/20 - Left

Reason for referral:

Drooping Lids

Entropion/Ectropion

Tearing

Lesion/Chalazion

Thyroid Eye Disease (Graves Disease)

Other _____

Please include clinical notes, and if applicable, most recent visual field results.

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T (919) 443-2557

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