



RETINA-VITREOUS SURGEONS OF CENTRAL NEW YORK, P.C.

Sam C. Spalding, III, M.D.
Jamin S. Brown, M.D.
Rajeev K. Seth, M.D.
Kevin I. Rosenberg, M.D.
Tahsin Choudhury, M.D.
Patrick R. Oellers, M.D.

Patient Name: _____ Phone: _____

Referring Doctor: _____ Today's Date: _____

Reason for consultation: _____

Please bring with you to RVS:

- A Driver (your eyes will be dilated)
- Current medication list
- Last office note from referring doctor
- Any eye drops you are taking
- Eyeglasses
- A snack if diabetic
- Your insurance cards
- Insurance referral (if required)

Appointment Card

Your Appointment with RVS Surgeons has been scheduled with:

Dr. _____ Date: _____ (M T W Th F) Time: _____

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Syracuse

200 Greenfield Parkway
Liverpool, NY 13088
315-445-8166
Fax 315-445-2697

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Binghamton

4104 Vestal Road, Suite 103
Vestal, NY 13850
315-445-8166
Fax 315-445-2697

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Watertown

22708 Summit Drive,
Watertown NY 13601
315-445-8166
Fax 315-445-2697

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Ithaca

821 Cliff Street, Suite 6
Ithaca, NY 14850
315-445-8166
Fax 315-445-2697

Toll Free in New York State 1-800-654-0554

Kindly give 48 hour's notice if unable to make this appointment

Your opinion matters. Please visit our website
at www.rvscny.com and tell us about your
experience in our office today.