



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

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: \_\_\_\_\_

**Syracuse**

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

**Binghamton**

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

**Watertown**

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

**Ithaca**

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

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

Your opinion matters. Please visit our website  
at [www.rvscny.com](http://www.rvscny.com) and tell us about your  
experience in our office today.