



Retina Associates of South Texas, P. A.

Diseases and Surgery of the Retina and Vitreous

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 Juan E. Rubio Jr., M.D. **Enchun M. Liu, M.D.**

PHYSICIAN REFERRAL FORM

Patient Name: _____

Date of Appointment: _____ Time: _____

Location: _____

Reason for Referral: _____

Referring Physician: _____



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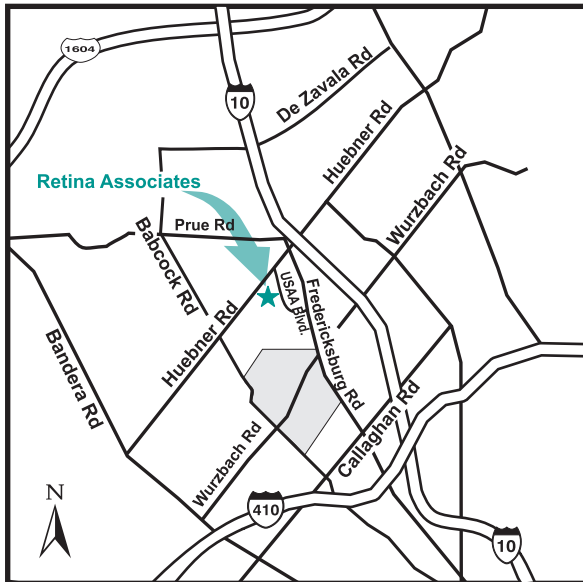
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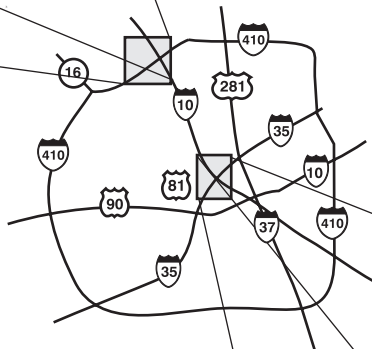
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