



# TOTAL VISION

Eye Health Associates  
*The First Choice in Eye Care*

### *DeLand*

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**Fax 386-740-7866**

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### *New Smyrna Beach*

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PHILLIP STEPHENS, OD  
ANDREEA CHIH, OD

### *DeBary*

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DUSTIN RAMEY, OD

### *Port Orange*

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Port Orange, FL 32128

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KIRSTEN WILGERS, OD  
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### *Palm Coast*

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Palm Coast, FL 32137

**386-445-1880**

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BONNIE CHALKER, OD

*www.totalvision2020.com*  
*patientcare@totalvision2020.com*

## Referral

### Reason for Referral/Visit:

- Diabetes Evaluation
- Cataract Evaluation
- Reduced Vision
- High Risk Medication
- "Red" Eye
- Other \_\_\_\_\_

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### Patient Name

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### Referring Physician

Fax To: \_\_\_\_\_

Fax #: \_\_\_\_\_

Call Patient for Evaluation

Patient Phone: \_\_\_\_\_

### Appointment for Office in:

DeLand                       New Smyrna Beach

DeBary                          Port Orange

Palm Coast

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Date \_\_\_\_\_ Time \_\_\_\_\_