



General Ophthalmology
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Angela G. Houser, M.D.

Optometry
Joseph S. Pancher, O.D.
Cassandra J. Pastier, O.D.

Date: _____

Patient Name: _____ Date of Birth: _____

IMAGING TEST ORDERS

Ordered Tests: _____

Diagnosis: _____

Ordering Physician: _____

Please fax results to 570-386-2959

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