



General Ophthalmology
Angela G. Houser, M.D.

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

Patient Name: _____

First **Surgery** Date: _____

Location: Mahoning Valley ASC St. Luke's Carbon

First **Post-Op** Date/Time: _____

Location: Nesquehoning Palmerton Main Office

Provider: Dr. Houser Dr. Pancher Dr. Pastier

Second **Surgery** Date: _____

Location: Mahoning Valley ASC St. Luke's Carbon

Second **Post-Op** Date/Time: _____

Location: Nesquehoning Palmerton Main Office

Provider: Dr. Houser Dr. Pancher Dr. Pastier

Form 322

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F: (570) 386-2959

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Palmerton Office
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