



General Ophthalmology
Donald A. Newman, M.D., F.A.C.S.
Angela G. Houser, M.D.

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

Date: _____

To Whom It May Concern:

Name: _____ DOB: _____ has been under my care for treatment of their eyes.

_____ This was/was not work related.

_____ Please excuse them from work/school _____ to _____.

_____ They had an appointment in our office on _____ at _____
date time

_____ They had cataract surgery on _____.

_____ They may return to work on _____ with/without restrictions.

Restrictions: _____

Notes: _____

The above patient may experience some blurred vision for a few hours due to the drops which may have been placed in their eyes. This will affect their close vision for a few hours.

If you have any questions, please call our office at 570-386-5926.

Staff initials: _____

Form 153

Main Office
37 Medical Crossing Road
Tamaqua, PA 18252
P: (570) 386-5926
F: (570) 386-2959

Palmerton Office
217 Franklin Avenue, Suite 105
Palmerton, PA 18071
P: (570) 386-5926
F: (610) 826-3860

Nesquehoning Office
40 East Locust Street
Nesquehoning, PA 18240
P: (570) 386-5926
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