Refer a Provider

Please fill out the form below, and fax it back to Opticare.

Refer a Provider

Dr. Name (required)

( )

Phone (required)

Address (required)

City (required) State (required) Zip Code (required)

Your name (optional -- this helps us to use the name when asking the provider to become a provider with us)

Return or fax this form to:

Opticare of Utah
1901 West Parkway Blvd.
Salt Lake City, UT 84119
801-886-2020 office
801-954-0054 fax