



Doctor Directory Nomination Form

Your patient _____ has nominated you for inclusion in the Jack McGovern Coats' Disease Foundation Doctor Directory.

Until the day that research leads to prevention or a cure, time is of the essence in diagnosing and successfully treating patients with Coats' Disease. The Jack McGovern Coats' Disease Foundation Doctor Directory is a resource for patients and their families to swiftly identify preeminent ophthalmologists in their area so they can access quality medical care quickly. We invite you to join us as we work to find a cure for Coats' Disease.

Please complete this form and become part of this essential resource.

Physician Name: _____

Physician Title: _____

Name of Institution: _____

Address: _____

City: _____ State/Province/Region: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Cell Phone: _____

Email: _____

Are you currently a board-certified ophthalmologist? YES NO

Are you interested in learning more about Coats' Disease? YES NO

Are you interested in receiving updates from the Foundation, including information about upcoming conferences or available grant funding? YES NO

Additional Information to share: _____

Please return form to:

Jack McGovern Coats' Disease Foundation
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888.314.8853 • www.coatsdiseasefoundation.org