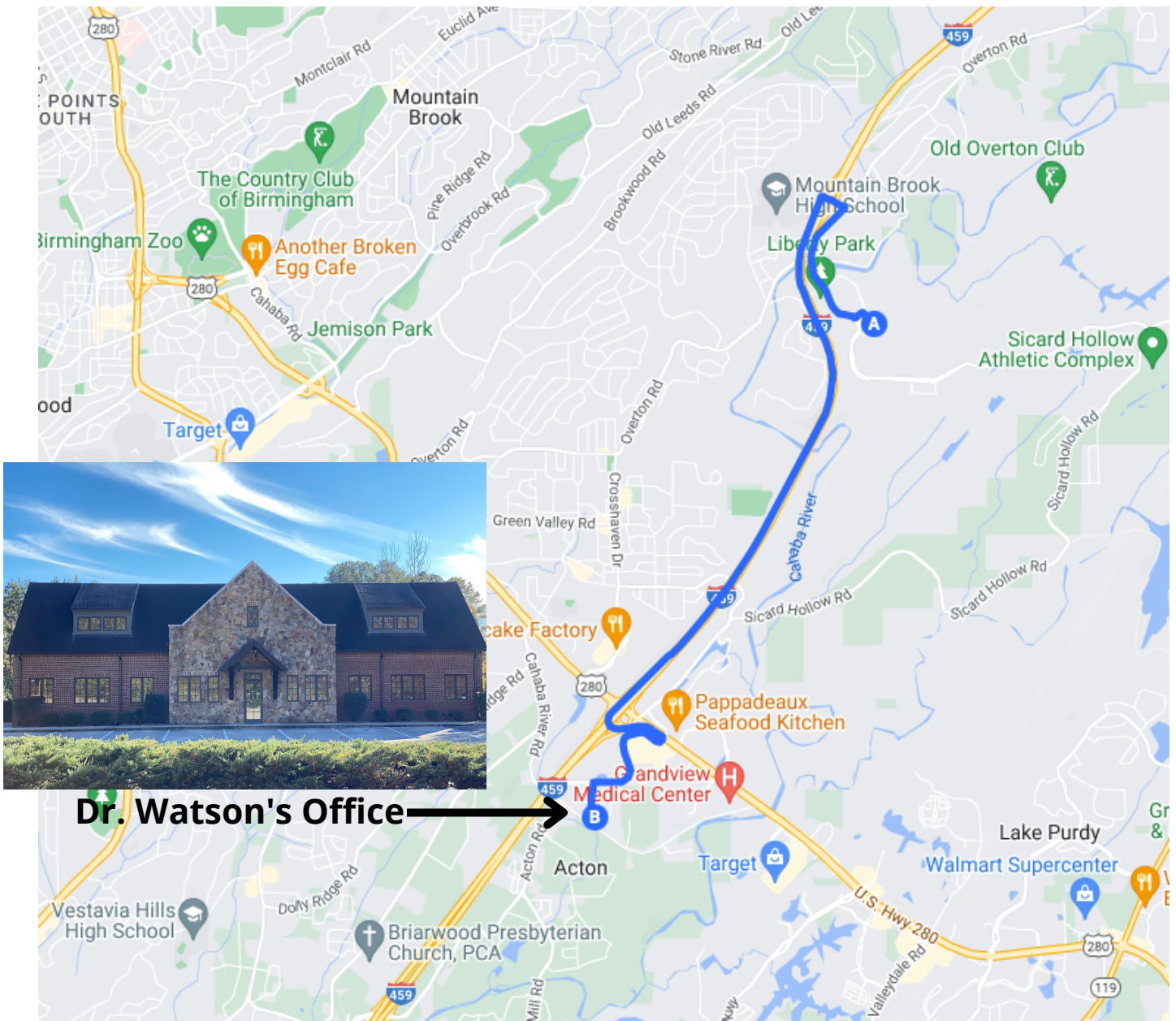


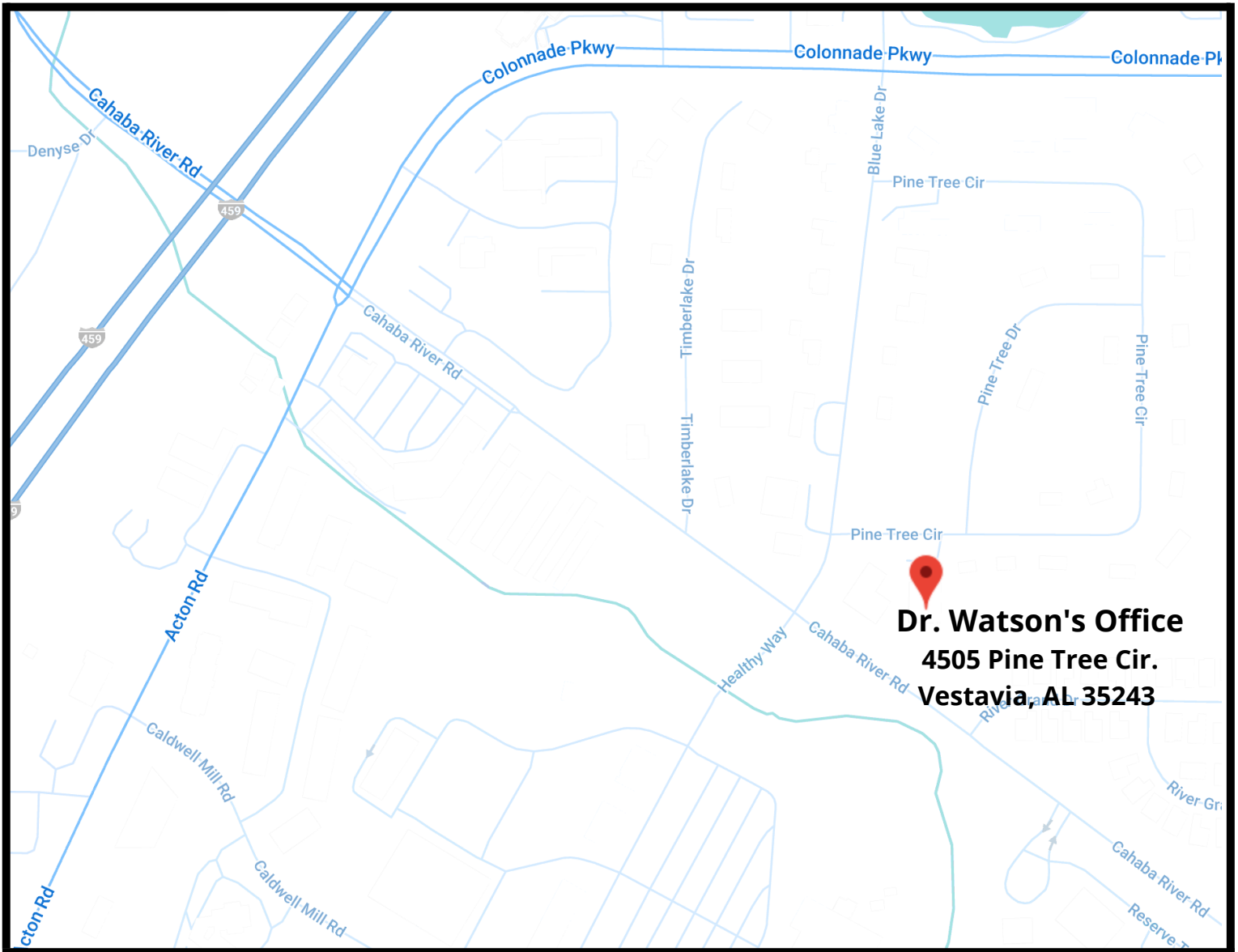


## Directions from Liberty Park to Dr. Watson's Office

- Take Liberty Parkway to Highway 459.
- Get on Highway 459 South.
- Take exit 19. Stay in the left lane to exit towards US-280 East.
- After merging onto US-280 take the first right onto Colonnade Drive.
- At the first light, turn left onto Colonnade Parkway.
- Drive past two lakes on your right. Immediately after the second lake turn left onto Blue Lake Drive.
- Take the second left onto Pine Tree Circle. If you reach the stop light you have gone too far.
- Dr. Watson's office is the second building on the right, at 4505 Pine Tree Circle.



## Area Map for Dr. Watson's Office:



**Dr. Watson's Office**  
**4505 Pine Tree Cir.**  
**Vestavia, AL 35243**

### About Dr. Watson:

Dr. Watson works to treat every patient the way he himself would want to be treated. He is board certified and is a member of the American Academy of Ophthalmology and the American Society of Retina Specialists.

Dr. Watson attended Tulane University in New Orleans for college, medical school, and residency. This was followed by two years of specialized training in retina surgery at West Virginia University. He then accepted an offer to be a member of the faculty at Harvard Medical School, where he worked for four years before deciding to move to Alabama. During that time Dr. Watson also volunteered at a Veterans Affairs Hospital where he provided free care to the great veterans of our country.

In the year 2021 Dr. Watson started his own medical practice in Vestavia. He moved to the area with his wife and small children in order to be closer to his extended family.





# Dr. Watson

## Retina Specialist

4505 Pine Tree Cir.  
Suite 120  
Vestavia, AL 35243

Phone: (205) 637-7123  
Fax: (205) 831-2729  
www.WatsonRetina.com



Dr. Watson and his staff look forward to helping you. Plan about two hours for your appointment. Please call us if you have trouble finding our office. Bring with you this completed form, your insurance cards, and a list of the medications that you take.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Care Doctor: \_\_\_\_\_

\_\_\_\_\_ Referral From: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Circle any of the following that you have:

- Blurry Vision
- Blurry Vision Without Glasses
- Hazy or Foggy Vision
- Worsening Vision
- Spots or Flashes in Vision
- Straight Lines Look Curved
- History of Cataract Surgery
- Cataracts
- Macular Degeneration
- Dry Eye
- Glaucoma
- Diabetes
- High Blood Pressure
- Heart Problems
- History of Stroke
- Kidney Problems
- Lung Problems
- History of Cancer

Other eye problems you have now or in the past, including eye surgery: \_\_\_\_\_

\_\_\_\_\_

Any other medical conditions you have: \_\_\_\_\_

\_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Thank you for filling out this form. If you need to reschedule, please call us so that we can help. Dr. Watson and his staff look forward to seeing you for your appointment.