

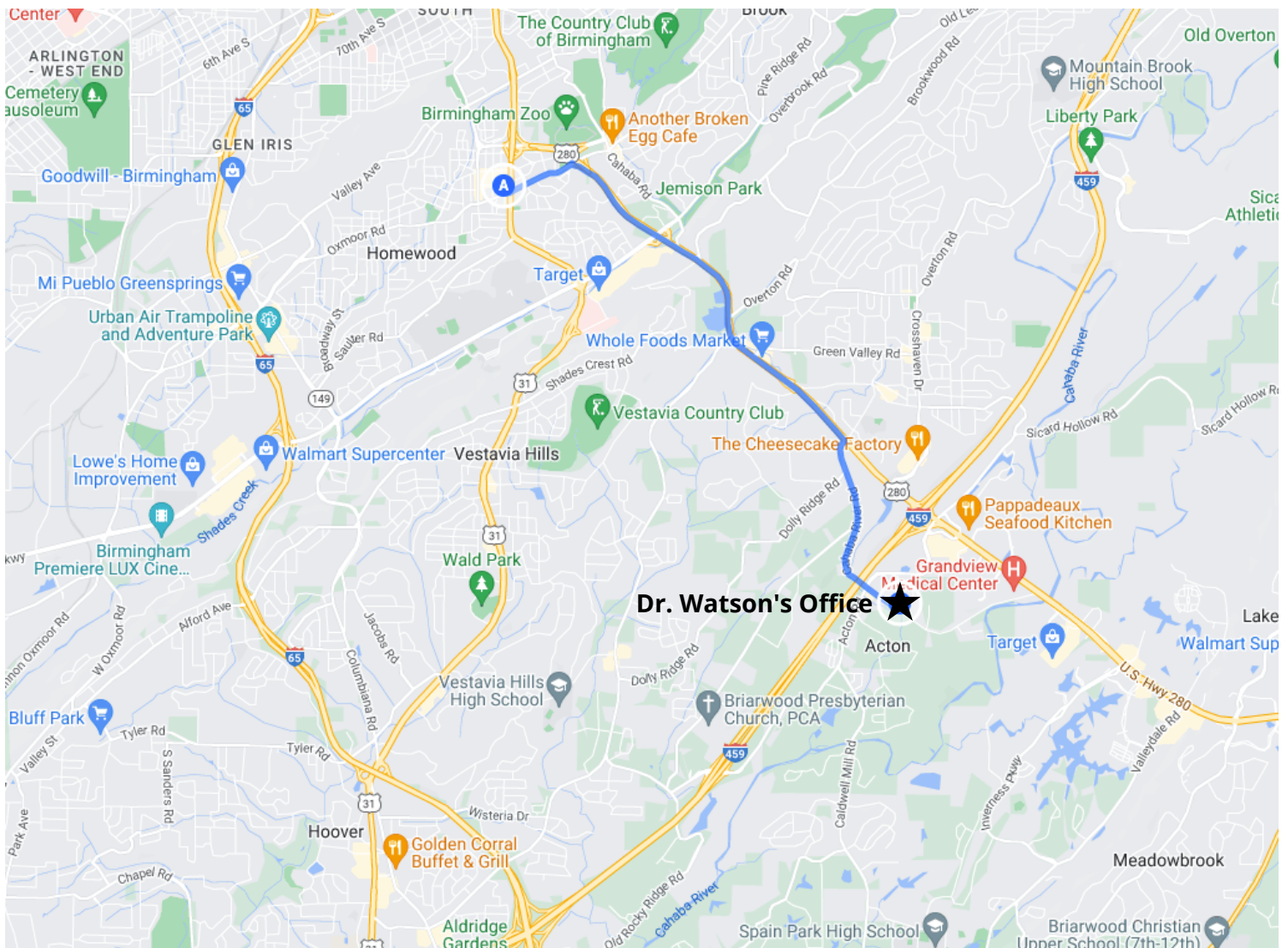


Directions from Homewood to Dr. Watson's office:

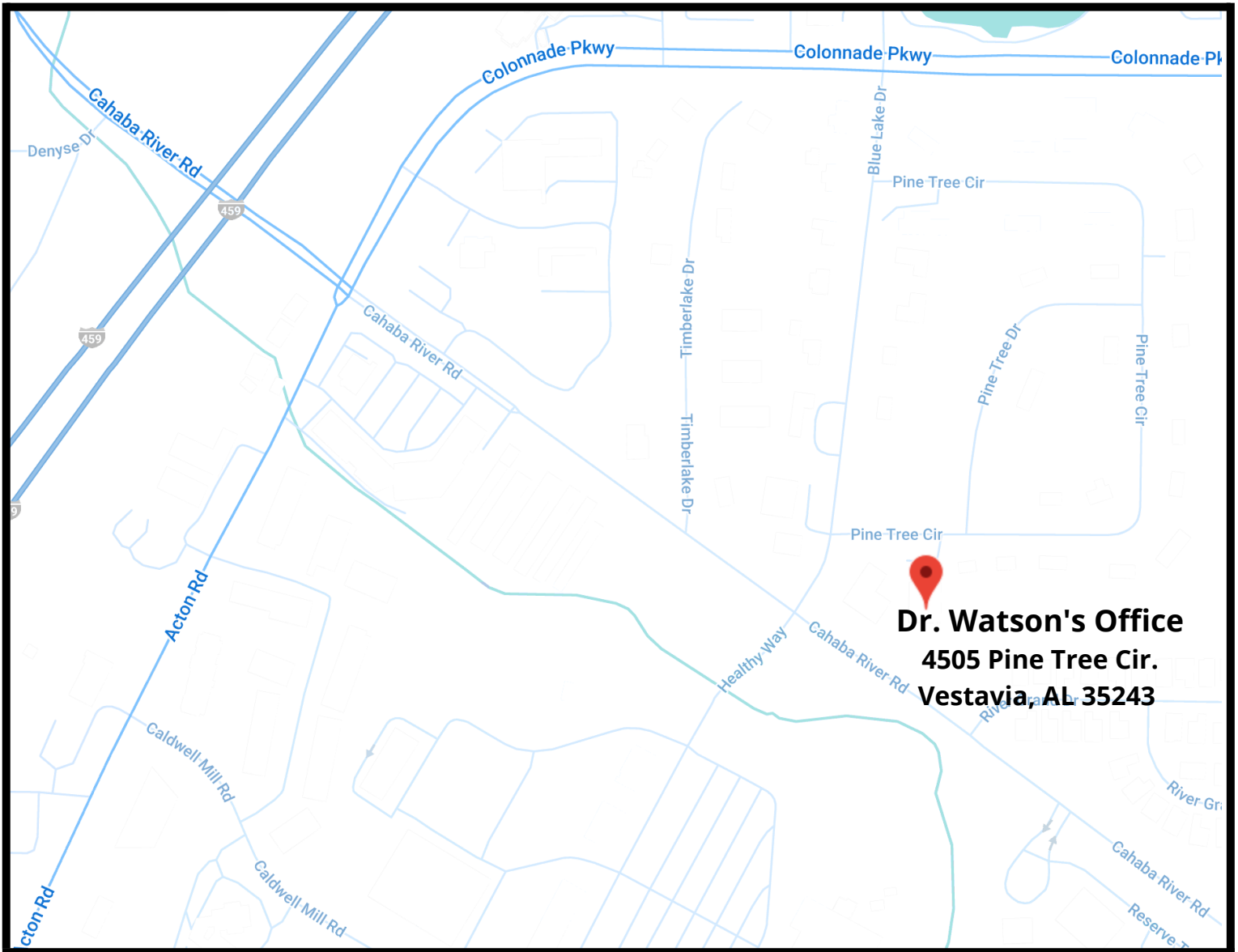
- Take 280 East away from Birmingham. Stay in the right lane. Drive for about 4 miles.
- You will pass the Mountain Brook Community Church on your right. Immediately after this church turn right onto Dolly Ridge Road / Cahaba River Road. If you reach The Summit you have gone too far.
- Continue on Cahaba river road for about 1.7 miles. You will pass a Shell station, Slice Pizza, and Gentry Pharmacy.
- Immediately after passing Gentry Pharmacy turn left onto Healthy Way / Blue Lake Drive.
- Take the next immediate right onto Pine Tree Circle. Dr. Watson's office is the second building on the right, at 4505 Pine Tree Circle.



Dr. Watson's Office



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.