



**SARATOGA
OPHTHALMOLOGY**

Malta Office

658 Malta Ave., Suite 101
Malta NY 12020
Phone: (518) 580-0553
Fax: (518) 580-0557

Troy Office

2200 Burdett Ave., Suite 206
Troy NY 12180
Phone: (518) 580-0553
Fax: (518) 271-6394

Amjad M. Hammad, MD **Salman J. Yousuf, DO**

The Center for Vitreo-Retinal Surgery

Charles H. Rheeman, MD **Gregory B. Krohel, MD**

The Center for Oculoplastic Surgery and Neuro-Ophthalmology

Kamran I. Chaudhri, MD

The Center for Glaucoma and Cataract Surgery

Patient Name _____

Has an appointment on _____ at _____



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Directions:

From the North or South

Take Exit 13S off Northway I-87 onto Route 9 South. Proceed for 3/4 mile to the intersection of Route 9 and Malta Ave. Turn RIGHT on Malta Ave., then immediately turn LEFT into the parking lot.

Directions:

From the North or South

Take Exit 7 off the Northway (I87) onto Route 7E. Proceed for 5-1/2 miles. Turn RIGHT onto Burdett Ave. Proceed 4/10 mile. The office is on the LEFT.

From I-787

Take Exit 9E onto Route 7E. Proceed 1-1/2 miles. Turn RIGHT onto Burdett Ave. Proceed 4/10 mile. The office is on the LEFT.