



Mary A Dougal MD



Kevin R McClellan MD



Kevin L Sullivan MD



Thomas J Conti MD  
*Oculoplastics*



### Jason G Ethington, MD

Dr. Ethington joined the practice in 2013 and recently achieved partnership. He completed his undergraduate degree from the University of Wisconsin, Madison and received his medical degree with honors at Loyola Stritch School of Medicine. He completed his internship year at the Presence Resurrection Medical Center followed by his ophthalmology training at the Loyola University Medical Center. He is a skilled cataract surgeon, has a part time teaching appointment at the Edward Hines, Jr. VA Hospital and has a special interest in treating medical retinal disease such as age-related macular degeneration and diabetic macular edema. Dr. Ethington is currently the Department Chairman of Ophthalmology at Presence Resurrection Medical Center.



### Christine Mata, MD

Our newest associate who joined the practice in 2015 is Dr. Mata, a board certified ophthalmologist and cataract surgeon. She attended the University of Wisconsin-Madison for her undergraduate studies in Biochemistry and Genetics. She earned her Doctor of Medicine degree from Chicago Medical School at Rosalind Franklin University in 2010. She completed an intern year at MacNeal Hospital in Berwyn, IL followed by a residency in ophthalmology at Loyola University Medical Center in 2014. She is a member of the American Academy of Ophthalmology, Illinois Society of Eye Physicians and Surgeons, and American Society of Cataract and Refractive Surgeons.



Presence Resurrection Medical Center on the Northwest side of Chicago is easily accessible from I-90. DMSE Eye Associates is located in the rear southwest corner between covered parking at Entrance 3 and Valet Parking at Entrance 2.



# Dougal, McClellan, Sullivan & Ethington Eye Associates

Presence Resurrection Medical Center | 7447 W Talcott Ave., Suite 300 | Chicago IL 60631  
773-775-0811 | www.DMSEyes.com

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Thomas J Conti MD | Jason G Ethington MD | Christine M Mata MD

Patient Name \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_

Referred by \_\_\_\_\_

Phone/Fax/Email \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

- General Exam
- Refractive
- Cataract
- Glaucoma
- Diabetic
- Lasik
- Cornea
- Dry Eye
- Oculoplastic
- Ortho-K
- Other \_\_\_\_\_

Notes \_\_\_\_\_

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