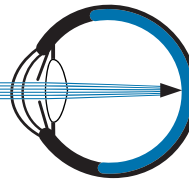


# CALIFORNIA RETINA CONSULTANTS



Robert Avery, MD  
 Ma'an Nasir, MD  
 Dante Pieramici, MD  
 Alessandro Castellarin, MD  
 Robert See, MD  
 Stephen Couvillion, MD  
 Nathan Steinle, MD  
 Dilsher Dhoot, MD  
 Daniel Learned, MD  
 Nika Bagheri, MD  
 Julia Sein, MD  
 Chris Wu, MD  
 Dong Yang, MD

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Time: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

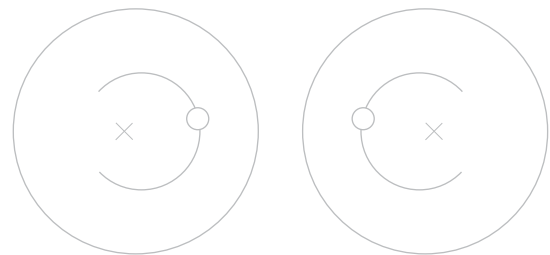
Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Insurance: \_\_\_\_\_

**If the patient has a HMO and this is the first time at our office, an authorization from the patient's PCP will be needed before they can be seen.**

**BRIEFLY STATE THE REASON FOR THE REFERRAL**



DIAGNOSIS	REQUESTED APPT. TIMEFRAME	REQUESTED APPT. LOCATION
<input type="checkbox"/> Wet AMD <span style="float: right;">RT    LT</span>	<input type="checkbox"/> Immediately (Please call us directly)  <input type="checkbox"/> Within one week  <input type="checkbox"/> Within one month  <input type="checkbox"/> When patient prefers  <input type="checkbox"/> Other: _____	<input type="checkbox"/> Bakersfield <input type="checkbox"/> Lompoc <input type="checkbox"/> Oxnard <input type="checkbox"/> Palmdale <input type="checkbox"/> Paso Robles <input type="checkbox"/> San Luis Obispo <input type="checkbox"/> Santa Barbara <input type="checkbox"/> Santa Maria <input type="checkbox"/> Simi Valley <input type="checkbox"/> Valencia <input type="checkbox"/> Visalia <input type="checkbox"/> Westlake Village  <b>All contact information listed on the reverse side</b>
<input type="checkbox"/> Dry AMD <span style="float: right;">RT    LT</span>		
<input type="checkbox"/> BRVO/CRVO <span style="float: right;">RT    LT</span>		
<input type="checkbox"/> Retinal Tear <span style="float: right;">RT    LT</span>		
<input type="checkbox"/> Retinal Detachment <span style="float: right;">RT    LT</span>		
<input type="checkbox"/> Epiretinal Membrane <span style="float: right;">RT    LT</span>		
<input type="checkbox"/> Diabetic Macular Edema <span style="float: right;">RT    LT</span>		
<input type="checkbox"/> Proliferative Diabetic Retinopathy <span style="float: right;">RT    LT</span>		
<input type="checkbox"/> Non-Proliferative Diabetic Retinopathy <span style="float: right;">RT    LT</span>		
<input type="checkbox"/> Vitreous Hemorrhage <span style="float: right;">RT    LT</span>		
<input type="checkbox"/> Macular Hole <span style="float: right;">RT    LT</span>		
<input type="checkbox"/> Other: _____		

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Upon receipt, we will contact your patient within one business day to schedule the requested appointment. We will also contact your office to inform you of the upcoming appointment date/time. Please provide your contact information if you would like us to notify you specifically.

**THANK YOU FOR YOUR REFERRAL!**

# Our Locations

## Bakersfield

5555 Business Park South, Suite 100  
Bakersfield, CA 93309  
Phone: **(661) 325-4393**  
Fax: **(661) 322-8489**

## Lompoc

611 East Ocean Avenue  
Lompoc, CA 93436  
Phone: **(805) 740-3080**  
Fax: **(805) 880-5915**

## Oxnard

2901 North Ventura Road, Suite 250  
Oxnard CA, 93036  
Phone: **(805) 983-8808**  
Fax: **(805) 983-0211**

## Palmdale

38660 Medical Center Drive, Suite A350  
Palmdale, CA 93551  
Phone: **(661) 951-9519**  
Fax: **(661) 948-6909**

## Paso Robles

104 Gateway Center Drive, Suite B  
Paso Robles, CA 93446  
Phone: **(805) 237-1610**  
Fax: **(805) 880-5915**

## San Luis Obispo

835 Aerovista Place, Suite 110  
San Luis Obispo, CA 93401  
Phone: **(805) 781-0292**  
Fax: **(805) 880-5915**

## Santa Barbara

525 East Micheltorena Street, Suite A  
Santa Barbara, CA 93103  
Phone: **(805) 963-1648**  
Fax: **(805) 965-5214**

## Santa Maria

1510 East Main Street, Suite 103  
Santa Maria, CA 93454  
Phone: **(805) 922-2068**  
Fax: **(805) 880-5915**

## Simi Valley

1687 Erringer Road, Suite 104  
Simi Valley, CA 93065  
Phone: **(805) 813-8899**  
Fax: **(805) 426-4206**

## Valencia

23501 Cinema Drive, Suite 109  
Valencia, CA 91355  
Phone: **(661) 253-2939**  
Fax: **(661) 253-0643**

## Visalia

5404 West Cypress Avenue, Suite 101  
Visalia, CA 93277  
Phone: **(559) 627-5200**  
Fax: **(559) 627-5222**

## Westlake Village

31355 Oak Crest Drive, Suite 200  
Westlake Village, CA 91361  
Phone: **(805) 695-2462**  
Fax: **(805) 330-4580**

## California Retina Research Foundation

525 East Micheltorena Street, Suite D  
Santa Barbara, CA 93103  
Phone: **(805) 884-5185**