California Retina Consultants

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Date: _____

Patient Name: _____ Patient Phone: _____

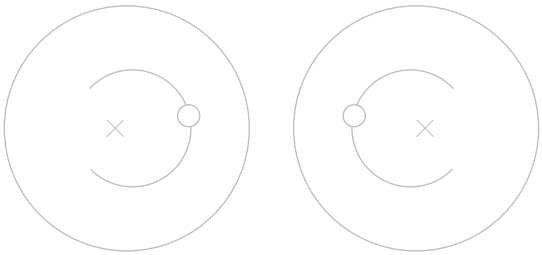
Patient DOB: _____ Date of Appointment: _____ Time: _____

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

☐ Wet AMD	RT	LT
☐ Dry AMD	RT	LT
☐ BRVO/CRVO	RT	LT
☐ Retinal Tear	RT	LT
☐ Retinal Detachment	RT	LT
☐ Epiretinal Membrane	RT	LT
☐ Diabetic Macular Edema	RT	LT
☐ Proliferative Diabetic Retinopathy	RT	LT
☐ Non-Proliferative Diabetic Retinopathy	RT	LT
☐ Vitreous Hemorrhage	RT	LT
☐ Macular Hole	RT	LT
☐ Other: _____		

REQUESTED APPT. TIMEFRAME

- ☐ Immediately (Please call us directly)
- ☐ Within one week
- ☐ Within one month
- ☐ When patient prefers
- ☐ Other: _____

REQUESTED APPT. LOCATION

- ☐ Bakersfield
- ☐ Lompoc
- ☐ Oxnard
- ☐ Palmdale
- ☐ Paso Robles
- ☐ San Luis Obispo
- ☐ Santa Barbara
- ☐ Santa Maria
- ☐ Simi Valley
- ☐ Valencia
- ☐ Visalia
- ☐ Westlake Village

All contact information listed on the reverse side

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

862 Aerovista Place, Suite 210
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**