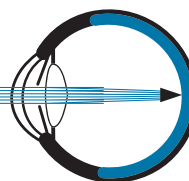


# CALIFORNIA RETINA CONSULTANTS AND RESEARCH FOUNDATION



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Nathan Steinle, MD  
Dilsher Dhoot, MD  
Daniel Learned, MD  
Nika Bagheri, MD

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

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

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

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

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

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

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

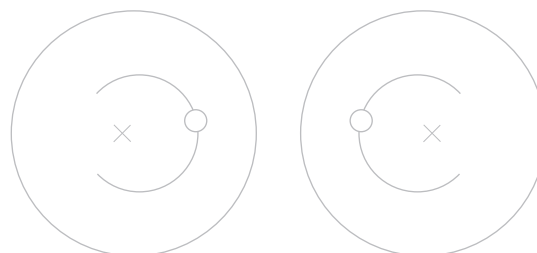
Phone: \_\_\_\_\_

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

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

2796 Sycamore Drive, Suite 101  
Simi Valley, CA 93065  
Phone: **(805) 813-8899**  
Fax: **(805) 426-4205**

## 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

4353 Park Terrace Drive, Suite 150  
Westlake Village, CA 91361  
Phone: **(805) 695-2462**  
Fax: **(805) 456-2962**

## California Retina Research Foundation

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

**California Retina Consultants Centralized Fax - All Locations**

**FAX to: (888) 643-6070**

**EMAIL to: [Referrals@californiaretina.com](mailto:Referrals@californiaretina.com)**