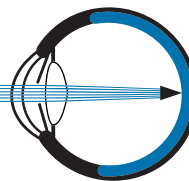


CALIFORNIA RETINA CONSULTANTS AND RESEARCH FOUNDATION



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

Date: _____

Patient Name: _____

Patient Phone: _____

Patient DOB: _____

Date of Appointment: _____

Time: _____

Referring Physician: _____

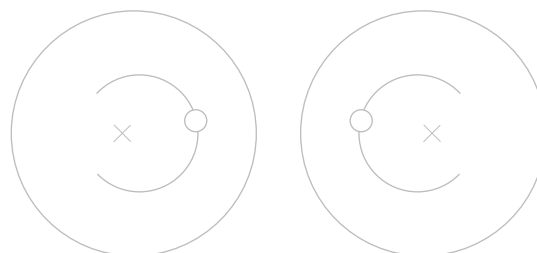
Phone: _____

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 RT LT	<input type="checkbox"/> Immediately (Please call us directly)	<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
<input type="checkbox"/> Dry AMD RT LT		
<input type="checkbox"/> BRVO/CRVO RT LT		
<input type="checkbox"/> Retinal Tear RT LT		
<input type="checkbox"/> Retinal Detachment RT LT		
<input type="checkbox"/> Epiretinal Membrane RT LT		
<input type="checkbox"/> Diabetic Macular Edema RT LT		
<input type="checkbox"/> Proliferative Diabetic Retinopathy RT LT		
<input type="checkbox"/> Non-Proliferative Diabetic Retinopathy RT LT		
<input type="checkbox"/> Vitreous Hemorrhage RT LT		
<input type="checkbox"/> Macular Hole RT LT	<input type="checkbox"/> Within one week	
<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Within one month	
	<input type="checkbox"/> When patient prefers	
	<input type="checkbox"/> Other: _____	

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

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) 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