

SCHEDULE BY FAX

TO: Eye-Q Vision Care **FAX TO:** (559) 256-8549 **Cosmetic/Lasik Fax:** (559) 256-8484
FROM: Requesting Eye Doctor **Date:** _____ **Time:** _____ am/pm **No. of Pages:** _____

Requesting Physician Responsibility

Please complete and fax for routine appointments and consultations. Your patient will be contacted by an Eye-Q staff member to schedule the appropriate appointment. A response listed below will be faxed back within 24-48 hours.

All **URGENT** appointments must be scheduled by calling **559-486-2000** and faxing this form to **559-256-8549**.

Patient Information (Please attach necessary notes, etc.)

Name _____	Age _____
Address _____	
City _____	State _____ Zip _____
H Phone _____	W Phone _____
DOB _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Insurance _____	ID# _____
LAST REFRACTION	
OD _____	OS _____ VA _____ / _____

Requesting Physician Information

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ FAX _____
Pager _____

Requested Information (To be completed by requesting doctor)

1. Requesting to Dr. _____ or next available Eye-Q Vision Care Physician
2. Requesting consultation for Cataract Cornea Glaucoma Lid Pediatric Ped. Strabismus
 Retina Neuro YAG Capsulotomy Refractive Surgery (or call 559-256-8480)

Impression and suggested plan: _____

History: _____

Comments: _____

TO: REQUESTING EYE DOCTOR **FAX TO:** () _____ **No. of Pages:** _____
FROM: EYE-Q VISION CARE **Date:** _____ **Time:** _____ am/pm

For questions regarding the appointment below, please contact: _____ at (559) _____

Thank You for your referral!

Scheduled for Examination: Date: _____/_____/_____ Time: _____

Scheduled to be seen by:

- | | | |
|---|---|--|
| <input type="checkbox"/> Richard Moors, M.D. | <input type="checkbox"/> Campbell Waldrop, M.D. | <input type="checkbox"/> Michael Heeg, M.D. |
| <input type="checkbox"/> Alan Nerenberg, M.D. | <input type="checkbox"/> Samuel Hinton, M.D. | <input type="checkbox"/> Ophthalmic Technician |
| <input type="checkbox"/> Vivian Kim, M.D., M.P.H. | <input type="checkbox"/> Michael Walker, M.D. | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Brian Cavallaro, M.D. | <input type="checkbox"/> Mark Wood, M.D. | |

Location: 7075 N. Sharon Avenue, Fresno, CA 93720 (Herndon & Cedar)
 2719 Cinema Way, Selma, CA 93662 (Floral & Whitson)