

SCHEDULE BY FAX

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

Requesting Physician Responsibility

Please complete and fax for routine appointments. 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# _____

Requesting Physician Information

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

Requested Information (To be completed by requesting physician)

- Requested to Dr. _____ or next available Eye-Q Vision Care Physician
- Requesting Consultation for Refractive Error Pediatric Refractive Error Eye Infection
 Free consultation for Laser Vision Correction Other
 Cataract Diabetes Glaucoma Retinal
- Last eye exam: _____ Optometrist: _____

Comments: _____

TO: REQUESTING PHYSICIAN **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 request!

Scheduled for Examination: Date: _____ / _____ / _____	Time: _____
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Scheduled to be seen by:

- | | | |
|---|--|--|
| <input type="checkbox"/> Richard Moors, M.D. | <input type="checkbox"/> Michael Walker, M.D. | <input type="checkbox"/> Margie Recalde, O.D. |
| <input type="checkbox"/> Alan Nerenberg, M.D. | <input type="checkbox"/> Mark Wood, M.D. | <input type="checkbox"/> Karisa Borba, O.D. |
| <input type="checkbox"/> Vivian Kim, M.D., M.P.H. | <input type="checkbox"/> Michael Heeg, M.D. | <input type="checkbox"/> Ophthalmic Technician |
| <input type="checkbox"/> Brian Cavallaro, M.D. | <input type="checkbox"/> Ralph Handly, O.D. | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Campbell Waldrop, M.D. | <input type="checkbox"/> Anthony Baudonnet, O.D. | |
| <input type="checkbox"/> Samuel Hinton, M.D. | <input type="checkbox"/> Daniel Lopez, O.D. | |

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