



REFERRAL FORM

(559) 256-8549 FAX

(559) 500-EYEQ (3937) PHONE

Patient Information:

Name:	Age:
Address:	
City:	State: Zip:
H Phone:	Mobile:
Insurance:	ID:
DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Requesting Physician Information:

Name:
Address:
City: State: Zip:
Phone: FAX:

Please attach copy of patient's current insurance cards and chart notes.

Type of Appointment Requested:

- | | | |
|--|--|---|
| <input type="checkbox"/> Routine Complete Eye Exam | <input type="checkbox"/> Retinal Eval/Follow up | <input type="checkbox"/> LASIK Eval |
| <input type="checkbox"/> Pediatric Exam | <input type="checkbox"/> Corneal Eval/Follow up | <input type="checkbox"/> Cosmetic Eval |
| <input type="checkbox"/> Refractive Error | <input type="checkbox"/> Glaucoma Eval/Follow Up | <input type="checkbox"/> Treatment/Other
<i>(please include diagnosis)</i> |
| <input type="checkbox"/> Cataract Eval/Follow-Up | <input type="checkbox"/> Neuro Eval | _____ |
| <input type="checkbox"/> Diabetic Eval/Follow Up | <input type="checkbox"/> YAG Capsulotomy | _____ |

Referring Physician's Comments: _____

Preferred Location: (please circle) Fresno Clovis Selma *Location maps on reverse side.*

Preferred Provider:

- | | | |
|---|--|--|
| <input type="checkbox"/> George Bertolucci, M.D. | <input type="checkbox"/> Laura Teasley, M.D. | <input type="checkbox"/> Michael Mendoza, O.D. |
| <input type="checkbox"/> Frank M. Bishop, M.D. | <input type="checkbox"/> Sumeer Thinda, M.D. | <input type="checkbox"/> Isha Patel, O.D. |
| <input type="checkbox"/> Kelley Hawkins, M.D. | <input type="checkbox"/> Campbell Waldrop, M.D. | <input type="checkbox"/> Steven Shute, O.D. |
| <input type="checkbox"/> Samuel P. Hinton, M.D. | <input type="checkbox"/> John G. Barrón, O.D. | <input type="checkbox"/> Crystal Tom, O.D. |
| <input type="checkbox"/> Derick G. Holt, M.D. | <input type="checkbox"/> Anthony Baudonnet, O.D. | |
| <input type="checkbox"/> Daniel C. Prescott, M.D. | <input type="checkbox"/> Karisa Borba, O.D. | |
| <input type="checkbox"/> Thomas Shute, M.D. | <input type="checkbox"/> Kathleen M. Cochran, O.D. | |
| <input type="checkbox"/> Richard R. Tamesis, M.D. | <input type="checkbox"/> Daniel Lopez, O.D. | <input type="checkbox"/> Other: _____ |

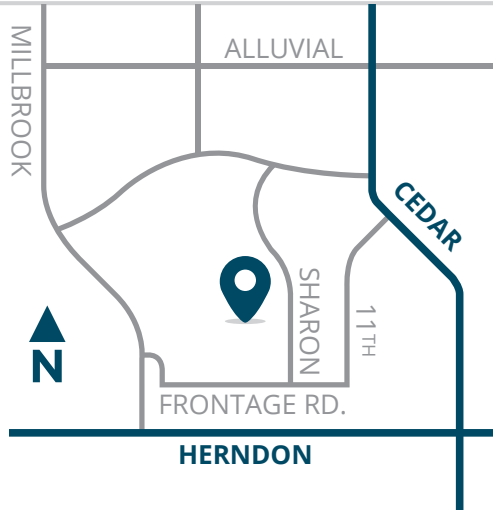
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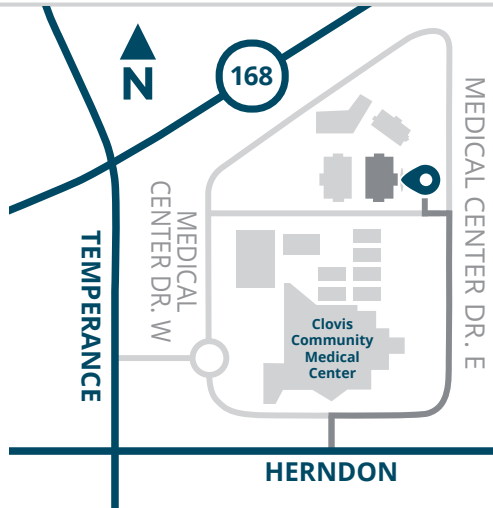
Fresno Office

7075 N. Sharon Ave
Fresno, CA 93720



Clovis Office

726 N. Medical Center
Drive East, Suite 101
Clovis, CA 93611



Selma Office

2719 Cinema Way
Selma, CA 93662

