



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

Referring Physician's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## Preferred Provider:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Spencer Adams, M.D.      | <input type="checkbox"/> Thomas Shute, M.D.       | <input type="checkbox"/> Andrea Huerta, O.D.   |
| <input type="checkbox"/> George Bertolucci, M.D.  | <input type="checkbox"/> Richard R. Tamesis, 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"/> Teresa Taylor, O.D.   |
| <input type="checkbox"/> Kelley Hawkins, M.D.     | <input type="checkbox"/> Campbell Waldrop, M.D.   | <input type="checkbox"/> Crystal Tom, O.D.     |
| <input type="checkbox"/> Samuel P. Hinton, M.D.   | <input type="checkbox"/> Joann Adams, O.D.        | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Derick G. Holt, M.D.     | <input type="checkbox"/> John G. Barrón, O.D.     |  |
| <input type="checkbox"/> Neesurg Mehta, M.D.      | <input type="checkbox"/> Anthony Baudonnet, O.D.  |  |
| <input type="checkbox"/> Daniel C. Prescott, M.D. | <input type="checkbox"/> Karisa Borba, O.D.       |  |

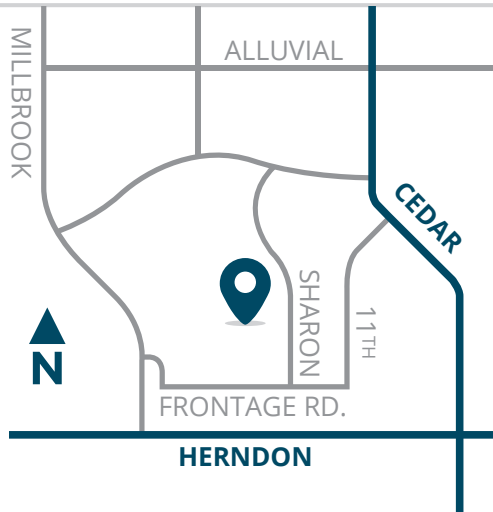
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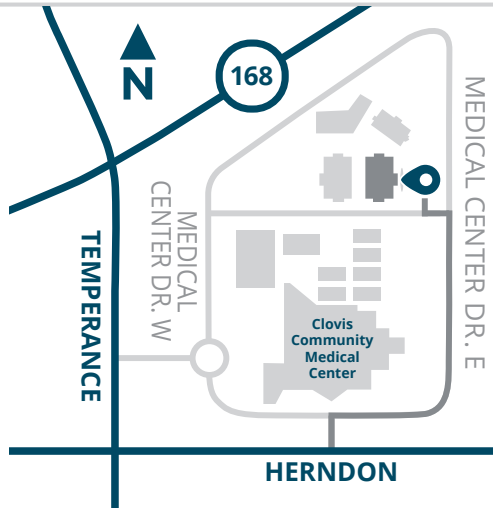
### Fresno Office

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

