

## REFERRAL FOR RETINAL SUBSPECIALTY PATIENT CARE

### LOCATIONS:

**FULLERTON**  
301 W. Bastanchury Road, Suite 285  
Fullerton, California 92835  
Office (714) 738-4620  
Fax (714) 738-0388

**WHITTIER**  
6319 Greenleaf Avenue  
Whittier, California 90601  
Office (562) 945-2468  
Fax (562) 945-8804

**LOS ALAMITOS**  
3771 Katella Avenue, Suite 208  
Los Alamitos, California 90720  
Office (562) 431-7345  
Fax (562) 431-7317

**WEST COVINA**  
1135 S. Sunset Avenue, Suite 305  
West Covina, California 91790  
Office (626) 814-1134  
Fax (562) 945-8804

### PHYSICIAN PREFERENCE:

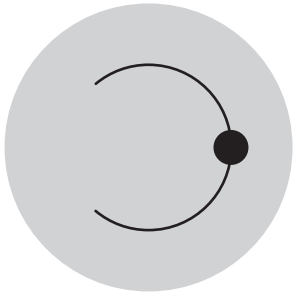
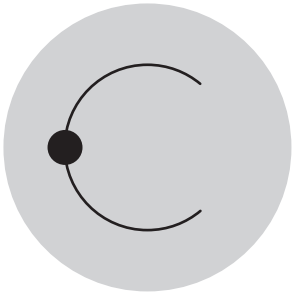
- Next Available Physician    Scott Grant, M.D.    Sean D. Adrean, M.D.    Ash Pirouz, M.D.  
 Hema Ramkumar, M.D.    Caleb Ng, M.D.    Chang Sup Lee, M.D.

### PATIENT INFORMATION:

|                            |                        |
|----------------------------|------------------------|
| FIRST NAME:                | LAST NAME:             |
| DATE OF BIRTH:     /     / |                        |
| HOME PHONE:                | CELL PHONE:            |
| INSURANCE (PRIMARY):       | INSURANCE (SECONDARY): |

**URGENCY:**    Emergency    Semi-Urgent (within 1week)    Routine

### REASON FOR CONSULTATION:

|  |  |  |   |
|--|--|--|---|
|  | <b>PRESUMPTIVE DIAGNOSIS (ES):</b><br><input type="checkbox"/> Macular Degeneration<br><input type="checkbox"/> Diabetic Retinopathy<br><input type="checkbox"/> Retinal Detachment<br><input type="checkbox"/> Retinal Tear<br><input type="checkbox"/> Macular Pucker / Hole<br><input type="checkbox"/> Pre-Cataract / LASIK<br><input type="checkbox"/> Undetermined Vision Loss<br><input type="checkbox"/> Tumor<br><input type="checkbox"/> Plaquenil Screening | <b>VASCULAR OCCLUSIONS:</b><br><input type="checkbox"/> BRVO<br><input type="checkbox"/> CRVO<br><input type="checkbox"/> BRAO<br><input type="checkbox"/> CRAO<br><input type="checkbox"/> Other: _____ |  |
|  |  |  |   |

### TESTING REQUESTED (If known or if ordering separately):

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> RIGHT EYE | <input type="checkbox"/> Color Photography       | <input type="checkbox"/> Optical Coherence Tomography (OCT Angiography) |
| <input type="checkbox"/> LEFT EYE  | <input type="checkbox"/> Fluorescein Angiography | <input type="checkbox"/> Optical Coherence Tomography (OCT Macula)      |
| <input type="checkbox"/> BOTH EYES | <input type="checkbox"/> B-Scan Ultrasound       | <input type="checkbox"/> Optical Coherence Tomography (OCT Optic Nerve) |
|                                    | <input type="checkbox"/> Wide Field FA           | <input type="checkbox"/> Full-Field ERG                                 |
|                                    | <input type="checkbox"/> Wide Field ICG          | <input type="checkbox"/> Humphrey Visual Field                          |
|                                    |  | <input type="checkbox"/> PAM Testing                                    |

|                                |   |                                 |   |
|--------------------------------|---|---------------------------------|---|
| <b>APPOINTMENT:</b>            | <b>DATE:</b>  | <b>TIME:</b>                    | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| <b>REFERRING DOCTOR:</b>       | <b>NAME:</b>  | <b>PHONE:</b>                   | <b>FAX:</b>   |
| <b>PLEASE SEND RESULTS BY:</b> | <input type="checkbox"/> MAIL <input type="checkbox"/> FAX: | <input type="checkbox"/> PHONE: | <input type="checkbox"/> EMAIL:                         |



## FULLERTON

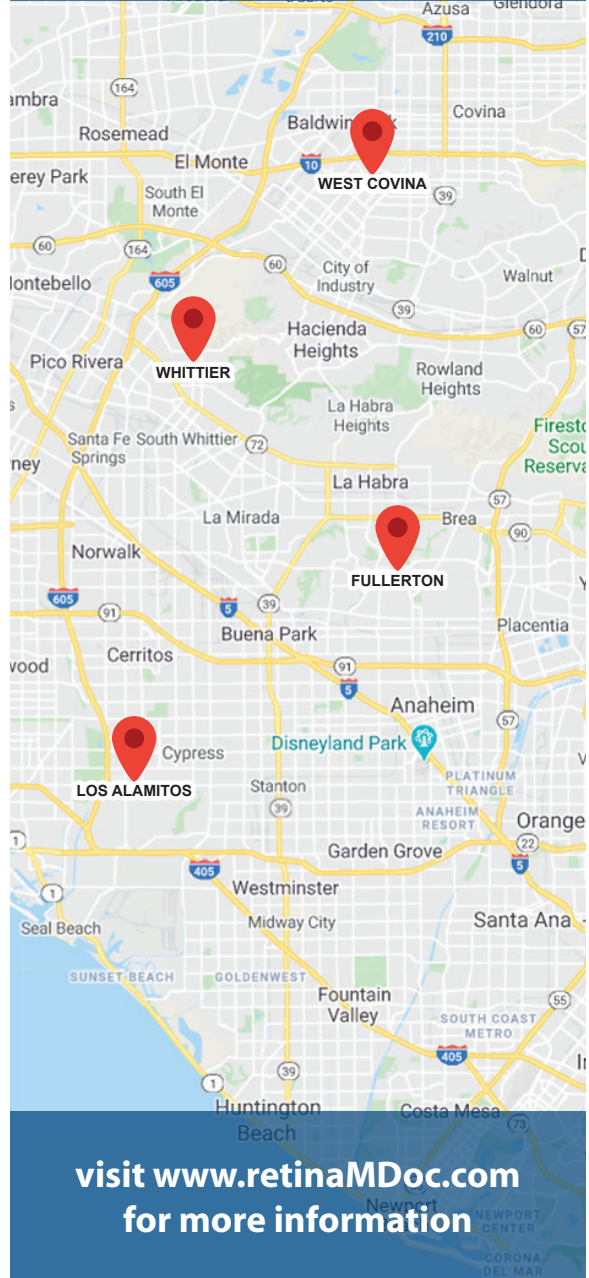


301 W. Bastanchury Road, Suite 285  
 Fullerton, California 92835  
**Office** (714) 738-4620  
**Fax** (714) 738-0388

**From the 57 Freeway**  
 Go West on Yorba Linda  
 Right (North) on State College  
 Left (West) on Bastanchury  
**From West Bound 91 Freeway**  
 Go North on Harbor Blvd.  
 Left (West) on Bastanchury



## 4 CONVENIENT OFFICE LOCATIONS



visit [www.retinaMDoc.com](http://www.retinaMDoc.com)  
 for more information



## WEST COVINA

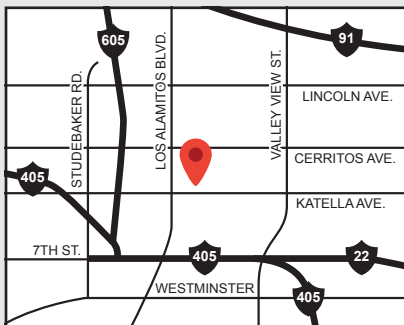


1135 S. Sunset Avenue, Suite 305  
 West Covina, California 91790  
**Office** (626) 814-1134  
**Fax** (562) 945-8804

**From the 10 Freeway**  
 Go South on Sunset Ave.  
**From the 60 Freeway**  
 Go North on 7th Ave.  
 which turns into Sunset Ave.  
**From the 605 Freeway**  
 Go East on Valley Blvd.  
 Left (North) on Sunset Ave.



## LOS ALAMITOS

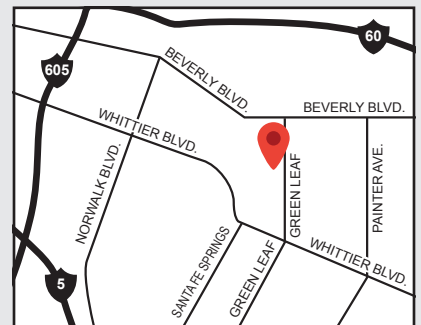


3771 Katella Avenue, Suite 208  
 Los Alamitos, California 90720  
**Office** (562) 431-7345  
**Fax** (562) 431-7317

**From the 605 Freeway**  
 Go East on Katella  
 Cross Los Alamitos Blvd.  
 Medical Pavillion is on the Left



## WHITTIER



6319 Greenleaf Avenue  
 Whittier, California 90601  
**Office** (562) 945-2468  
**Fax** (562) 945-8804

**From the 605 Freeway**  
 Go East on Beverly Blvd.  
 Right (South) on Greenleaf.