Referral Request

PATIENT IDENTIFICATION

Name _____

Birth Date _____

Medical Record # _____

Appointment Date and Time _____

(Please call if requesting an urgent/emergency appointment)

❑ Appointment Within 1 Week ❑ First Available Appointment ❑ Other _____

Referring Doctor _____

Phone _____ Fax _____ Email (optional) _____

Patient Name _____ Address _____

DOB _____ Phone _____

Diagnosis

Referral For

❑ Consultation and Treatment ❑ Consultation Only ❑ Diagnostic Test(s) Only signature required

Signature of Referring MD/OD _____

Request for Consultation in

- ❑ Adult Strabismus
- ❑ Cataract and Anterior Segment Surgery
- ❑ Cornea and External Diseases
- ❑ General Ophthalmology
- ❑ Glaucoma
- ❑ Neuro-Ophthalmology
- ❑ Oculoplastic, Lacrimal or Orbital Surgery
- ❑ Pediatric Ophthalmology and Strabismus
- ❑ Refractive Surgery
- ❑ Uveitis
- ❑ Vitreoretinal Diseases and Surgery

Specific Consultant

- ❑ Dr. John Affeldt
- ❑ Dr. K. V. Chalam
- ❑ Dr. Jennifer Dunbar
- ❑ Dr. Moisés Enghelberg
- ❑ Dr. Joseph Fan
- ❑ Dr. Howard Guan
- ❑ Dr. Eman Hawy
- ❑ Dr. Jennifer Hui
- ❑ Dr. Frank Hwang
- ❑ Dr. Leila Khazaeni
- ❑ Dr. Samantha Perea
- ❑ Dr. Michael Rauser
- ❑ Dr. Bailey Shen
- ❑ Dr. Mark Sherman
- ❑ Dr. David Sierpina
- ❑ Dr. Ronela Tavoc
- ❑ Dr. Nadiya Thomas
- ❑ Dr. Douglas Van Putten
- ❑ Dr. Craig White
- ❑ Dr. Timothy Winter
- ❑ _____

LOMA LINDA UNIVERSITY
Eye Institute

Ophthalmology
11370 Anderson Street, Suite 1800
Loma Linda, CA 92354

Pediatric Ophthalmology
2195 Club Center Drive, Suite L
San Bernardino, CA 92409

Ophthalmology at Rancho Cucamonga
8599 Haven Avenue, Suite 102
Rancho Cucamonga, CA 91730

Retina Clinic
11370 Anderson Street, Suite 2900
Loma Linda, CA 92354

Ophthalmology at Riverwalk
4244 Riverwalk Parkway, Suite 100
Riverside, CA 92505

Ophthalmology at Highland Springs
81 S. Highland Springs Avenue, Suite 302
Beaumont, CA 92223

Scheduling 909-558-EYES | Fax 909-558-2180

Request for Diagnostic Test(s) *(Interpretation included unless otherwise specified)*

- ❑ Corneal Pachymetry
- ❑ Corneal Topography/ Wavefront Analysis
- ❑ Corneal Endothelial Cell Count
- ❑ External Photography
- ❑ Fundus Photography
  - ❑ Disc ❑ Macula ❑ Periphery
- ❑ Fundus Photography and Fluorescein Angiography
  - ❑ Disc ❑ Macula ❑ Periphery
- ❑ Fundus Photography and Indocyanine Green Angiography
  - ❑ Disc ❑ Macula ❑ Periphery
- ❑ IOL Master®
- ❑ Ultrasound Biomicroscopy (UBM)
- ❑ Optical Coherence Tomography
  - ❑ Macula ❑ Glaucoma
- ❑ High Resolution Slit Lamp Photo
  (Dilation: ❑ Yes ❑ No)
  - ❑ Conjunctiva ❑ Cornea
  - ❑ Iris ❑ Lens
- ❑ Ultrasonography
  - ❑ A-Scan
  - ❑ B-Scan
    - ❑ Anterior ❑ Posterior
- ❑ Visual Field
  - ❑ Neuro ❑ 24-2 ❑ Other: _____
- ❑ ERG
  - ❑ Standard ❑ Multifocal
- ❑ Other _____

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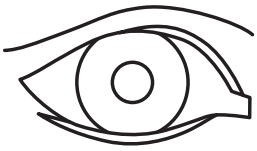
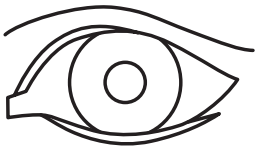
Please indicate eye(s) and area(s) of interests

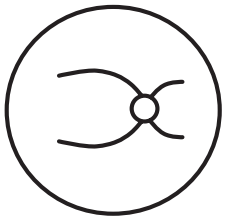
❑ OD Only ❑ OS Only ❑ OU ❑ OD Primary ❑ OS Primary



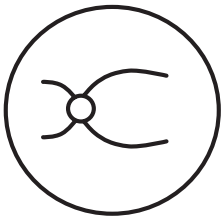
OD



OS



OD



OS

NOTES

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