



Referral for Retinal Subspecialty Patient Care

LOCATIONS:

- CENTRAL LOCATION SANTA ANA** 1200 North Tustin Ave, Suite 140 (714) 972-8432 FAX (714) 972-8474
Park Medical Center
- SO.CENTRAL LOCATION LAGUNA HILLS** 23521 Paseo de Valencia, Suite 309 (949) 581-3618 FAX (949) 768-5762
Taj Mahal Building
- COASTAL NEWPORT BEACH** 320 Superior Ave, Suite 160 (949) 646-3242 FAX (949) 631-7052
Newport Medical Arts Building
- SOUTH LOCATION SAN JUAN CAPISTRANO** 31451 Rancho Viejo Rd, Suite 101 (949) 496-0611 FAX (949) 496-0711
Ortega Ranch Business Park
- NORTH FULLERTON** 1440 North Harbor Blvd, Suite 708 (714) 451-0801 FAX (714) 451-0806
Fullerton Towers

PHYSICIAN PREFERENCE: Next Available Physician John Maggiano, MD Sanford Chen, MD
 Timothy You, MD Bogdan Alexandrescu, MD

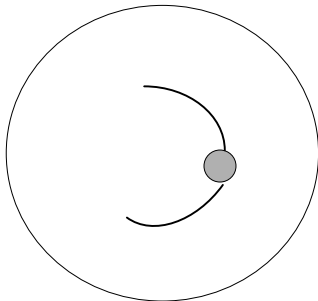
PATIENT INFORMATION:

First: _____ Last: _____
 Date of Birth: _____
 Telephone: Home: () _____ Cell / Alt Phone: () _____
 Insurance: Primary: _____ Secondary: _____

URGENCY:

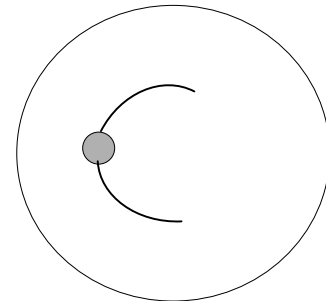
- Emergency (within 48 hours) Semi-Urgent (within 1 week) Routine

REASON FOR CONSULT: _____



PRESUMPTIVE DIAGNOS(ES):

- Macular Degeneration
 - Diabetic Retinopathy
 - Retinal Detachment
 - Retinal Tear
 - Macular Pucker/Hole
 - PreCataract/LASIK
 - Undetermined Vision Loss
- Other: _____



APPOINTMENT TIME: Date: _____ Time: _____ am / pm

REFERRING DOCTOR:

DOCTOR'S NAME: _____ **Referring Doctor Phone:** _____

Please send results by: Mail FAX _____ Phone: _____

Testing Requested (If known or If Ordering Separately):

- RIGHT EYE Color Photography Optical Coherence Tomography (OCT Macula)
- LEFT EYE Fluorescein Angiography Optical Coherence Tomography (OCT Nerve)
- BOTH EYES B-Scan Ultrasound
- Visual Evoked Response / ERG
- Multifocal ERG