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|---|---|---|---|---|
| <input type="checkbox"/> Dr. Ryan Yau
• Cataract
• Refractive
• Comprehensive
• Eyelids
• Glaucoma
• Strabismus | <input type="checkbox"/> Dr. Feisal Adatia
• Retina - Medical & Surgical
• Cataract | <input type="checkbox"/> Dr. Monique Munro
• Retina - Adult & Pediatric
• Uveitis | <input type="checkbox"/> Dr. Jessica Ruzicki
• Retina - Medical & Surgical | <input type="checkbox"/> Dr. Jason Wesolosky
• General |
|---|---|---|---|---|

PATIENT DEMOGRAPHICS

Patient Name: _____ D.O.B: _____
 Phone #: _____ AHC #: _____
 Address: _____ Email: _____

REFERRING CLINIC INFORMATION

Referring Physician: _____ Clinic Name: _____
 Phone: _____ Fax: _____ Referral Date: _____
 Email: _____ Practice ID#: _____
 Urgency of Referral: Urgent Elective
 Co-Management of this patient is desired: Yes No

REASON FOR REFERRAL

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> ARMD (wet/dry) | <input type="checkbox"/> Epiretinal Membrane | <input type="checkbox"/> Cataract | <input type="checkbox"/> Dry Eyes |
| <input type="checkbox"/> CRVO/BRVO | <input type="checkbox"/> Macular Hole | <input type="checkbox"/> Refractive Lens Exchange | <input type="checkbox"/> Eyelids |
| <input type="checkbox"/> Diabetic Retinopathy | <input type="checkbox"/> Vitreomacular Traction | <input type="checkbox"/> Refractive Laser/ICL | <input type="checkbox"/> Lacrimal |
| <input type="checkbox"/> Diabetic Macular Edema | <input type="checkbox"/> Nevus | <input type="checkbox"/> YAG/SLT Laser | <input type="checkbox"/> Cornea/Pterygium |
| <input type="checkbox"/> CSR | <input type="checkbox"/> Plaquenil | <input type="checkbox"/> Narrow Angles | <input type="checkbox"/> Strabismus: Adult/Child |
| <input type="checkbox"/> Retinal Tear/Hole | <input type="checkbox"/> Uveitis | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Other: _____ |

VA OD _____ OS _____ IOP OD _____ OS _____

COMMENTS
