

Consultation Referral Form

Referring Doctor

Doctor Name

Date

Doctor's Phone

Doctor's Fax

Patient Information

Patient Name

Gender M / F / Other

Date of Birth

Patient Phone

Medical Insurance Plan

Policy Number

Reason for Consultation

- | | | |
|--|---|---|
| ☐ Cataracts
☐ Corneal Abrasion/Corneal Ulcer
☐ Corneal Dystrophies/Keratoconus
☐ Diabetic Retinopathy
☐ Glaucoma | ☐ Macular Degeneration
☐ Oculoplastic Consultation
☐ Pterygium
☐ Refractive (LASIK/PRK/IPL)
☐ Uveitis | ☐ Allergies/Irritation
☐ Dry Eyes/Tearing/MGD
☐ Eye Pain
☐ Eye Trauma
☐ Eye Infection |
|--|---|---|

Other:

Emily Sarah Charlson, M.D., Ph.D.
*Oculofacial, Orbital and Aesthetic Plastic Surgery
Comprehensive Ophthalmology*

Anne E. Fung, M.D.
Diseases of the Macula, Retina and Vitreous

David Heiden, M.D.
*Uveitis
Comprehensive Ophthalmology*

Danny Y. Lin, M.D.
*Corneal and External Disease
Intralase LASIK
Cataract Surgery with Correction of Presbyopia*

Jennifer U. Sung, M.D.
Diseases and Surgery of the Retina and Vitreous

Christine S. Wang, M.D., M.Sc.
Cataract, Refractive, and Cornea Surgery

Ali A. Zaidi, M.D.
Diseases and Surgery of the Retina and Vitreous

Kevin Zhang, M.D.
Glaucoma Specialist and Cataract Surgery

Katherine Gee, O.D.
Routine and Medical Eye Exam

Morgan Ichimoto, O.D.
Routine and Medical Eye Exam