RETINAL CONSULTANTS
*Medical Group*
www.retinalmd.com

# PATIENT REFERRAL

Please fax form completed for with all relevant chart notes, images, and test results.
**All office fax information listed below.**

☐ **Retina Consultation** ☐ **Uveitis Clinic – S. Patel / Elk Grove**

☐ **Tumor Clinic – Medina / Modesto** ☐ **Tumor Clinic – Tsai / Elk Grove**

Margaret Chang, MD, MS • David Cupp, MD • Robert Equi, MD • Carlos Medina, MD
Arun Patel, MD • Sarju Patel, MD, MPH, MS • Joel Pearlman, MD, PhD • J. Brian Reed, MD
David Telander, MD, PhD • Tony Tsai, MD • Robert Wendel, MD

**Patient Name:**_____

**DOB:**_____ **Phone Number:** _____

**Email:**_____

**Insurance:**_____**ID#**_____

**Authorization (required for HMO):**_____

**Referring Doctor:**_____

**Office Phone #:**_____**Fax #:** _____

☐ **HMO** ☐ **PPO**

☐ **CALL PATIENT TO SCHEDULE**

☐ **APPOINTMENT SCHEDULED:**

_____

## DIAGNOSIS

| | | |
|---|---|---|
| ☐ Wet AMD | RT ☐ | LT ☐ |
| ☐ Dry AMD | RT ☐ | LT ☐ |
| ☐ BRVO/CRVO | RT ☐ | LT ☐ |
| ☐ Retinal Tear | RT ☐ | LT ☐ |
| ☐ Epiretinal Membrane | RT ☐ | LT ☐ |
| ☐ Macular Edema | RT ☐ | LT ☐ |
| ☐ Diabetic Retinopathy | RT ☐ | LT ☐ |
| ☐ Vitreous Hemorrhage | RT ☐ | LT ☐ |
| ☐ Vitreous Floater/PVD | RT ☐ | LT ☐ |
| ☐ Macular Hole | RT ☐ | LT ☐ |
| ☐ Uveitis | RT ☐ | LT ☐ |
| ☐ Retinal Detachment | RT ☐ | LT ☐ |
| ☐ Nevus/ Melanoma/ Tumor | RT ☐ | LT ☐ |
| ☐ Retinal Dystrophy | RT ☐ | LT ☐ |
| ☐ Vitreous Floater/PDT | RT ☐ | LT ☐ |

☐ Other:_____
☐ Refer to accompanying note

## REQUESTED APPT. TIMEFRAME

☐ Immediately

***PLEASE CALL OFFICE LOCATION PHONE NUMBERS ON REVERSE***

☐ Within one week

☐ Within one month

☐ When patient prefers

☐ Other

## PREFERRED OFFICE

☐ Chico
☐ Elk Grove
☐ Fairfield
☐ Folsom
☐ Grass Valley
☐ Modesto
☐ Roseville
☐ J Street
☐ Greenback
☐ Stockton
☐ Yuba City

☐ Uveitis Clinic–Elk Grove/S. Patel
☐ Tumor Clinic–Elk Grove/ Tsai
☐ Tumor Clinic–Modesto/Medina

**All contact information listed on reverse.**

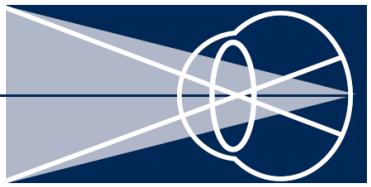
Fax Numbers

**Chico:** (530) 894-6122
**Elk Grove:** (916) 714-5510
**Fairfield:** (707) 759-5974
**Folsom:** (916) 673-9145
**Grass Valley:** (530) 273-8301
**Modesto:** (209) 549-8443
**Roseville:** (916) 774-0151
**J Street:** (916) 454-3603
**Greenback:** (916) 339-3658
**Stockton:** (209) 951-5231
**Yuba City** (530) 923-7964

Please fax this form along with the last chart notes and patient demographics. Upon receipt, we will contact your patient within one to two business days to schedule the requested appointment.

*Thank you for your referral!*

RETINAL CONSULTANTS
*Medical Group*
www.retinalmd.com



# Clinic Contact Info

***Chico***
19 Ilahee Lane
Chico, CA 95973-7205
Phone: (530) 899-2251
Fax: (530) 894-6122

***Elk Grove***
9381 E. Stockton Blvd., Ste.106
Elk Grove, CA 95624-5069
Phone: (916) 714-5500
Fax: (916) 714-5510

***Fairfield***
2470 Hilborn Rd., Ste. 150
Fairfield, CA 94534
Phone: (707) 759-4942
Fax: (707) 759-5974

***Folsom***
2330 E Bidwell, Ste. 200
Folsom, CA, 95630-3455
Phone: (916) 293-9381
Fax: (916) 673-9145

***Grass Valley***
300 Sierra College Dr., Ste. 265
Grass Valley, CA 95945-5083
Phone: (530) 273-8062
Fax: (530) 273-8301

***Modesto***
1401 Spanos Ct., Ste. 223
Modesto, CA 95355-2816
Phone: (209) 549-8444
Fax: (209) 549-8443

***Roseville***
1680 E Roseville Pkwy, Ste. 140
Roseville, CA 95661
Phone: (916) 774-0100
Fax: (916) 774-0151

***Sacramento***
3939 J Street, Ste. 106
Sacramento, CA 95819-3631
Phone: (916) 454-4861
Fax: (916) 454-3603

***Sacramento – Greenback***
5775 Greenback Lane
Sacramento, CA 95841-2013
Phone: (916) 339-3655
Fax: (916) 339-3658

***Stockton***
3555 Deer Park Dr., Ste. 180
Stockton, CA 95219-2378
Phone: (209) 938-0496
Fax: (209) 951-5231

***Yuba City***
1870 Lassen Blvd., Ste. B
Yuba City, CA 95993
Phone: (530) 923-7973
Fax: (530) 923-7964