

Retinal Diagnostic Center

Brian Ward, Ph.D., M.D. Patrick Monahan, M.D.
Howard H. Chen, M.D. Amr L. Dessouki, M.D. Clement Chow, M.D.

Your appointment has been made for retinal evaluation on _____ at _____ o'clock.

To avoid multiple visits, facilities are available for any necessary testing. This means that you should allow up to 2 hours for the visit, although your time in the office could be much less.

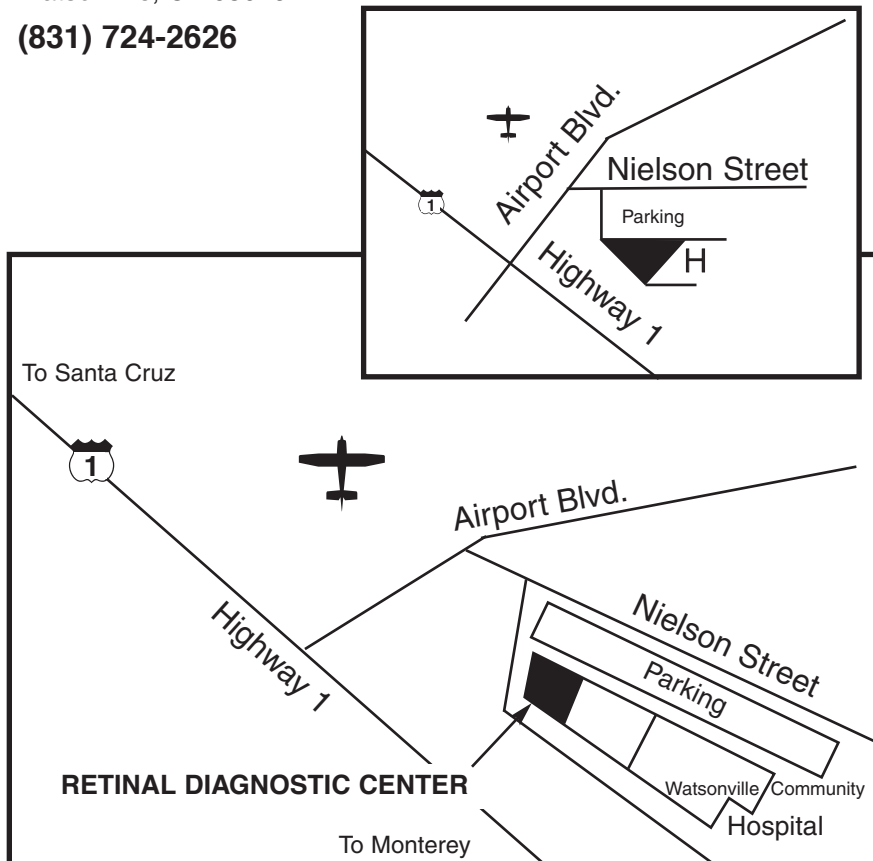
Your pupils will be dilated, however, there is usually no discomfort associated with testing.

We look forward to your visit.

RETINAL DIAGNOSTIC CENTER Drs. Ward, Monahan, Chen & Dessouki & Chow

65 Nielson Street, Suite 115
Watsonville, CA 95076

(831) 724-2626



Retinal Referral Form

Patient's Name _____

Address _____

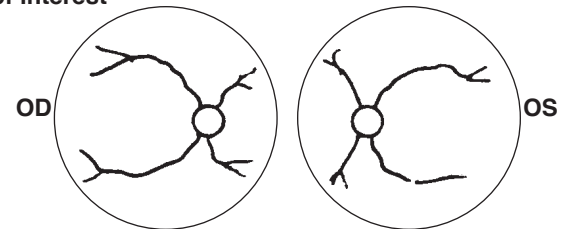
Phone _____ (Home) _____ (Work)

Diagnosis: _____

Visual Acuity: R.E. 20/

L.E. 20/

Fundus Area of interest



Other Information

Referring Doctor _____ Date _____

(831) 724-2626 FAX (831) 724-2676
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www.retinaldiagnostic.com