



**Retinal Diagnostic Center**

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**Retinal Referral Form**

Patient's Name \_\_\_\_\_

Patient's DOB \_\_\_\_\_

Address \_\_\_\_\_

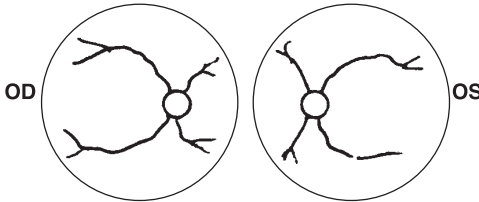
Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Diagnosis \_\_\_\_\_

Visual Acuity: R.E. 20/

L.E. 20/

**Fundus Area of interest**



**Other Information**

Referring Doctor \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

3395 S.Bascom Avenue, Suite 140, Campbell, CA 95008  
200 Jose Figueres Avenue, Suite 240, San Jose, CA 95116  
123 DiSalvo Avenue, Suite E, San Jose, CA 95128  
8833 Monterey Road, Suite D, Gilroy, CA 95020  
1663 Dominican Way, Suite 110-A, Santa Cruz, CA 95065  
65 Nielson Street, Suite 115, Watsonville, CA 95076

(408) 559-0666 Fax (408) 377-0811  
(408) 937-0928 Fax (408) 254-8954  
(408) 418-2200 Fax (408) 418-2205  
(669) 500-4955 Fax (669) 500-4956  
(831) 476-5888 Fax (831) 476-5563  
(831) 724-2626 Fax (831) 724-2676

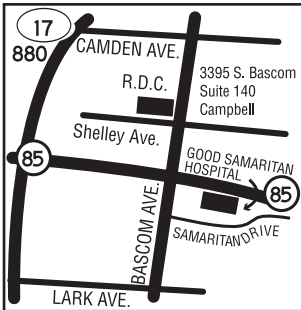
Your appointment has been made for retinal

evaluation on \_\_\_\_\_

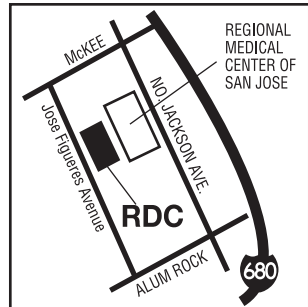
at \_\_\_\_\_ o'clock

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.



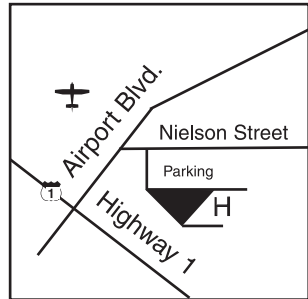
**Campbell**



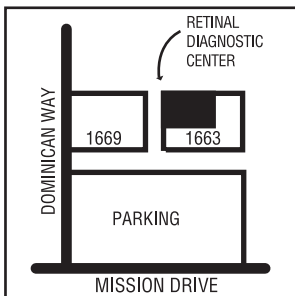
**Regional Med.Ctr. - San Jose**



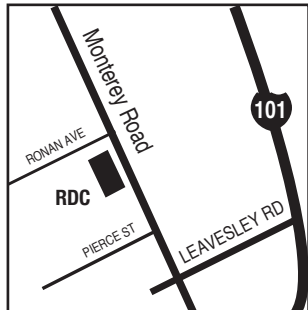
**O'Connor - San Jose**



**Watsonville**



**Santa Cruz**



**Gilroy**