

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.



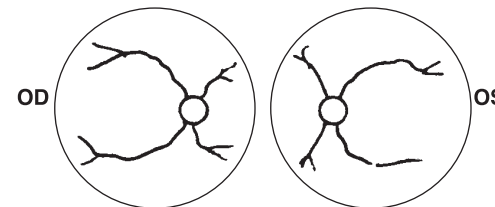
Patrick Monahan, M.D. • Howard H. Chen, M.D. • Amr L. Dessouki, M.D.
 Clement C. Chow, M.D. • Lingmin Lisa He, M.D., M.S.
 Hua Gao, M.D., Ph.D. • Erin B. Lally, M.D.

Retinal Referral Form

Patient's Name _____
 Patient's DOB _____
 Address _____
 Phone _____ (home) _____ (work)
 Diagnosis _____

Visual Acuity: R.E. 20/
 L.E. 20/

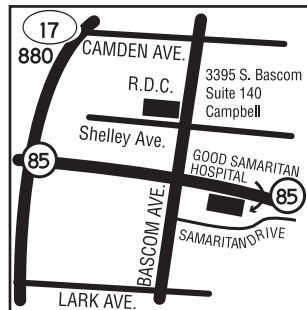
Fundus Area of interest



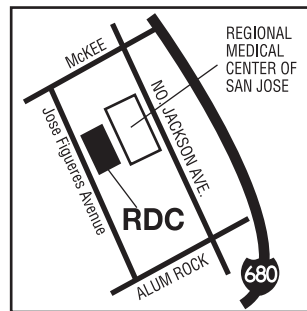
Other Information

Referring Doctor _____ Date _____
 Address: _____
 Tel: _____ Fax: _____

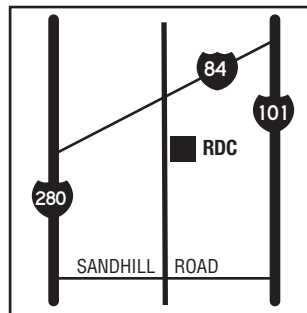
3395 S.Bascom Avenue, Suite 140, Campbell, CA 95008 (408) 559-0666 Fax (408) 377-0811
 200 Jose Figueres Avenue, Suite 240, San Jose, CA 95116 (408) 937-0928 Fax (408) 254-8954
 123 DiSalvo Avenue, Suite E, San Jose, CA 95128 (408) 418-2200 Fax (408) 418-2205
 3301 El Camino Real, Suite 101, Atherton, CA 94027 (650) 257-3861 Fax (650) 562-7843
 8833 Monterey Road, Suite D, Gilroy, CA 95020 (669) 500-4955 Fax (669) 500-4956
 1663 Dominican Way, Suite 110-A, Santa Cruz, CA 95065 (831) 476-5888 Fax (831) 476-5563
 65 Nielson Street, Suite 115, Watsonville, CA 95076 (831) 724-2626 Fax (831) 724-2676



Campbell



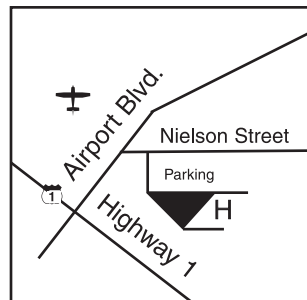
Regional Med.Ctr. - San Jose



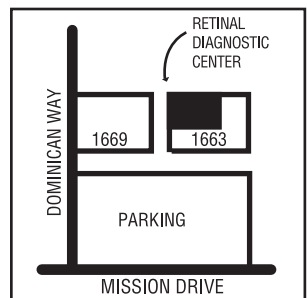
Atherton



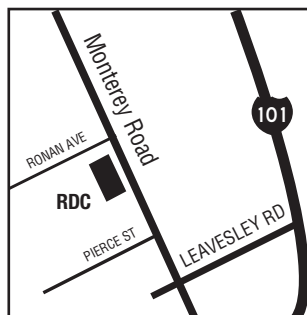
O'Connor - San Jose



Watsonville



Santa Cruz



Gilroy