



Sanford Chen, MD
 Timothy You, MD
 Rajiv Rathod, MD
 Esther Lee Kim, MD
 John Maggiano, MD

www.ocretina.net

Subspecialty Care in Diseases, Surgery and Research of the Retina, Macula, & Vitreous

Referral for Retinal Subspecialty Patient Care

LOCATIONS:

- SANTA ANA-** 1200 North Tustin Ave, Suite 140, (714) 972-8432 FAX (714) 972-8474
Park Medical Center
- LAGUNA HILLS-** 24022 Calle de la Plata, Suite 475, (949) 581-3618 FAX (949) 768-5762
Laguna Building
- NEWPORT BEACH-** 320 Superior Ave, Suite 160, (949) 646-3242 FAX (949) 631-7052
Newport Medical Arts Building
- SAN JUAN CAPISTRANO-** 31451 Rancho Viejo Rd, Ste 101 (949) 496-0611 FAX (949) 496-0711
Ortega Ranch Business Park
- FULLERTON-** 333 W. Bastanchury Road, Suite 200 (714) 451-0801 FAX (714) 451-0806
333 Medical Building

PHYSICIAN PREFERENCE: Next Available Physician Sanford Chen, MD Timothy You, MD
 Rajiv Rathod, MD Esther Lee Kim, M.D. John Maggiano, M.D.

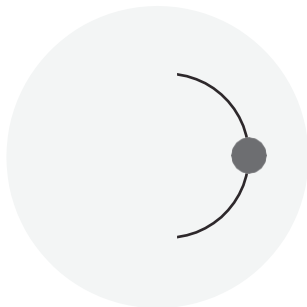
PATIENT INFORMATION:

First: _____ Last: _____
 Date of Birth: _____
 Telephone: Home: () _____ Cell / Alt Phone: () _____
 Insurance: Primary: _____ Secondary: _____

URGENCY:

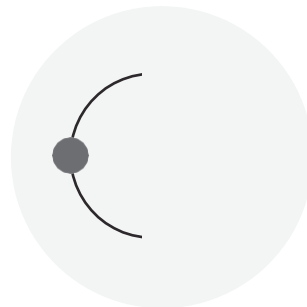
Emergency (within 48 hours) Semi-Urgent (within 1 week) Routine

REASON FOR CONSULTATION:



PRESUMPTIVE DIAGNOSIS (ES):

- Macular Degeneration
- Diabetic Retinopathy
- Retinal Detachment
- Retinal Tear
- Macular Pucker / Hole
- Pre-Cataract / LASIK
- Undetermined Vision Loss
- Other: _____



Testing Requested (If known or If Ordering Separately):

- RIGHT EYE Color Photography Optical Coherence Tomography (OCT Macula)
- LEFT EYE Fluorescein Angiography Optical Coherence Tomography (OCT Optic Nerve)
- BOTH EYES B-Scan Ultrasound Visual Evoked Response / ERG
- Multifocal ERG Humphrey Visual Field MAIA Microperimetry

APPOINTMENT TIME: DATE: _____ TIME: _____ AM / PM

REFERRING DOCTOR:

NAME: _____ REFERRING DOCTOR PHONE: _____

PLEASE SEND RESULTS BY: MAIL FAX _____ PHONE: _____