

Coordinating Your Care

Rest easy knowing that all patients referred to Acuity Eye Group and Retina Institute of California will enjoy world-class care, no matter the condition.

Patient Name: _____

Patient Phone: _____

Patient Email: _____

Referring Physician: _____

Primary Care Physician: _____

Phone: _____ Fax: _____

Reason for Consultation (mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> AMD | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Laser Vision Correction |
| <input type="checkbox"/> Cornea | <input type="checkbox"/> Macular Hole |
| <input type="checkbox"/> Diabetic Eye Exam | <input type="checkbox"/> Retinal Tear/Detachment |
| <input type="checkbox"/> Diabetic Retinopathy | <input type="checkbox"/> Unexplained Vision Loss/Unknown Maculopathy |
| <input type="checkbox"/> Drusen | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Epiretinal Membrane | |

Additional Comments

P 800.898.2020 **F** 844.897.3788

For a list of all locations, please visit AcuityEyeGroup.com **800.898.2020**