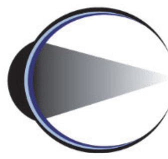


NORTHERN CALIFORNIA
RETINA VITREOUS ASSOCIATES
ESTABLISHED IN 1983

Patient Referral Form

Physicians

Mark R. Wieland, M.D.
James D. Palmer, M.D.
J. Luigi Borrillo, M.D.
Rahul Khurana, M.D.
Alok S. Bansal, M.D.
Louis K. Chang, M.D. Ph.D.
Avni P. Finn, M.D.

Locations

Mountain View
2495 Hospital Drive
Suite 545
Mountain View, CA 94040
(P): 650-988-7480
(F): 650-988-7482

San Mateo
50 S. San Mateo Drive
Suite 125
San Mateo, CA 94401
(P): 650-340-0111
(F): 650-340-9689

West SJ - Good Samaritan
2512 Samaritan Court
Suite P
San Jose, CA 95124
(P) 408-356-8818
(F) 408-356-8849

East SJ - San Jose
200 Jose Figueres Ave
Suite 415
San Jose, CA 95116
(P) 408-251-3500
(F) 408-251-3535

Monterey
798 Cass Street
Suite 200
Monterey, CA 93940
(P) 831-373-6280
(F) 831-373-0151

Daly City
901 Campus Drive
Suite 215
Daly City, CA 94015
(P) 650-994-2100
(F) 650-994-2121

Doctor Requesting Consult ____________________ Patient Name____________________________________
Patient Address______________________________ Patient Phone ____________________________________
(Home/Cell) (Work)

Patient Primary Insurance ____________________________ Secondary________________________________
☐ Medicare Advantage ☐ HMO ☐ PPO ☐ Other

NCRVA Doctor Referred To: ☐ First Available ☐ Specific Doctor Requested: __________________

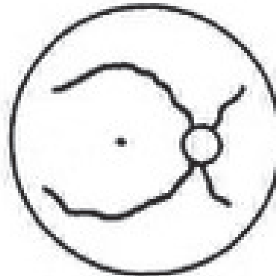
Visual Acuity: R.E. 20/__________ L.E. 20/__________

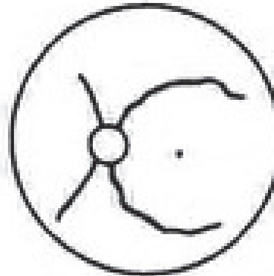
Appt to be scheduled: ☐ Immediately (Please Call Office) ☐ Within 1 week ☐ Within 1 month ☐ Patient Preference

Requesting Office: Please Fax Referral Form to preferred NCRVA location

Fundus Area of Interest

OD





OS

Consultation for:___________________________________ (*or check a box*)

☐ Wet AMD or CNV (L/R)_______
☐ Dry AMD (L/R)______
☐ Epiretinal Membrane (L/R)_______
☐ Diabetic Retinopathy (L/R) _______
☐ Macular Edema (L/R) ______
☐ Other Macular Edema (L/R) _____
☐ PVD/Flashes/Floaters (L/R) _____
☐ Retinal Tear (L/R)_____
☐ Retinal Detachment (L/R)_____
☐ Retinal Lesion (L/R)_____
☐ Retinal Vein Occlusion (L/R) _____
☐ Uveitis/Iritis (L/R)____

Diagnostic Testing Only
☐ OCT - Macula ☐ OCT- RNFL ☐ B-Scan

Patient: **Please let us know when you are making the appointment if you need a translator during your appointment. Please bring this form with you to your appointment and complete your new patient packet at www.ncrva.com before your appointment. Also visit ww.ncrva.com for driving directions, maps, information about your doctor and about our current research studies. We look forward to seeing you!**