

Patient Referral Form – Please Fax to 1-855-8RETINA (873-8462)

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.

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: _____

New Patient Coordinator :

1-855-7RETINA
 (773-8462)

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

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

Locations

Mountain View
 2495 Hospital Drive
 Suite 545
 Mountain View, CA 94040
 (P): 650-963-3460
 (F): 650-963-3480

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

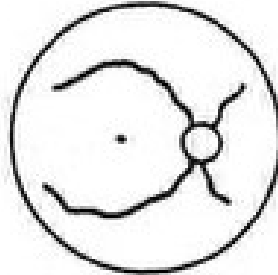
Monterey
 798 Cass Street
 Suite 200
 Monterey, CA 93940
 (P) 831-373-6280
 (F) 831-373-0151

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

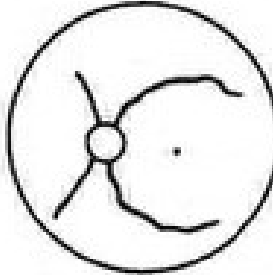
Requesting Office: Please Fax Referral Form to NCRVA New Patient Coordinator at 1-855-873-8462. You may also call 1-855-773-8462 to speak with the Coordinator directly.

Fundus Area of Interest

OD



OS



Consultation for: _____ (or check a box)
 Wet AMD or CNV (L/R) _____ PVD/Flashes/Floaters (L/R) _____

Dry AMD (L/R) _____ Retinal Tear (L/R) _____

Epiretinal Membrane (L/R) _____ Retinal Detachment (L/R) _____

Diabetic Retinopathy (L/R) _____ Retinal Lesion (L/R) _____

Macular Edema (L/R) _____ Retinal Vein Occlusion (L/R) _____

Other Macular Edema (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 www.ncrva.com for driving directions, maps, information about your doctor and about our current research studies. We look forward to seeing you!