NORTHERN CALIFORNIA
RETINA VITREOUS ASSOCIATES
ESTABLISHED IN 1983

Patient Referral Form – Please Fax to Preferred Location

Physicians

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Locations

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

San Mateo
66 Bovet Road
Suite 225
San Mateo, CA 94402
(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

To request more referral pads, call any of our offices

Dr. Requesting Consult: _____ **Phone:** _____ **Fax:** _____

Patient Name: _____ **Patient Date of Birth:** _____ / _____ / _____

Patient Phone: _____
(Home) (Cell) (Work)

Patient Address: _____

Patient Primary Insurance: _____ **Member ID:** _____

Plan Type: ☐ Medicare Advantage ☐ HMO ☐ PPO ☐ Other

Secondary Insurance: _____ **Member ID:** _____

Referring To NCRVA Dr: ☐ First Available ☐ Specific Doctor: _____

To be scheduled: ☐ Emergent (24-48 Hrs) ☐ Urgent (1-2 weeks) ☐ Routine (3-4 weeks) ☐ Patient Preference

Consultation for *(check a box below and select left, right, or both eyes or select other to add finding):*

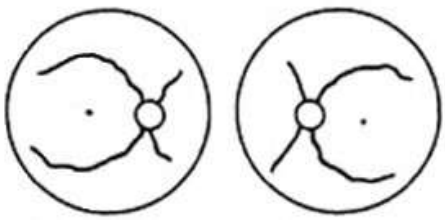
☐ Wet AMD or CNV: __ L __ R __ Both
☐ Dry AMD: __ L __ R __ Both
☐ Macular Edema: __ L __ R __ Both
☐ Other Macular Edema: __ L __ R __ Both
☐ Epiretinal Membrane: __ L __ R __ Both
☐ Diabetic Retinopathy: __ L __ R __ Both
☐ PVD/Flashes/Floaters: __ L __ R __ Both
☐ Retinal Tear: __ L __ R __ Both
☐ Retinal Detachment: __ L __ R __ Both
☐ Retinal Lesion: __ L __ R __ Both
☐ Retinal Vein Occlusion: __ L __ R __ Both
☐ Uveitis: __ L __ R __ Both
☐ Other: _____: __ L __ R __ Both

Diagnostic Testing Only:

☐ OCT Macula ☐ OCT – RNFL ☐ B-Scan

Fundus Areas of Interest

OD OS



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

If available, please attach most recent exam notes, images (OCTs, Visual Fields), and any pertinent test results. These records assist us in triaging and help us provide the best possible care to every patient.

Please let us know if a translator will be needed during the appointment. Driving directions, maps, information about our physicians and details of our clinical research studies can be found on our website, www.ncrva.com.

For a fast and efficient way to refer, fill out the online referral form at www.bit.ly/refer2ncrva or email rva-admin@ncrva.com to request access to our online referrals management system