

REFERRAL REQUEST



ALAMEDA
EYE CENTER

Abby Y. Liu, MD

2418 Central Avenue, Alameda, CA 94501 | P: (510) 519-8066 | F: (888) 981-4312 | alamedaeyecenter.com

DATE OF REQUEST

/ /

PATIENT INFORMATION

Full Name:

DOB:

Phone:

REFERRING DOCTOR

Name:

Phone:

Fax:

INSURANCE INFORMATION

Primary:

Policy No:

Group No:

Secondary (if applicable):

Policy No:

Group No:

REASON FOR REFERRAL

- Sudden vision loss
- Cataract evaluation
- Glaucoma evaluation
- Other (please explain) _____
- Flashes and/or floaters
- Diabetic Eye Exam
- Macular degeneration
- Eye pain or redness
- Plaquenil screening
- Pterygium

URGENCY

- Emergency
- Next day
- Within 1 week
- Routine (next available)
- Other (please explain) _____