REFERRAL REQUEST

ALAMEDA EYE CENTER
Abby Y. Liu, MD

2418 Central Avenue, Alameda, CA 94501 | P: (510) 519-8066 | F: (510) 275-1191 | 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 ☐ Flashes and/or floaters ☐ Eye pain or redness

☐ Cataract evaluation ☐ Diabetic Eye Exam ☐ Plaquenil screening

☐ Glaucoma evaluation ☐ Macular degeneration ☐ Pterygium

☐ Other (please explain) _____

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URGENCY

☐ Emergency ☐ Next day ☐ Within 1 week ☐ Routine (next available)

☐ Other (please explain) _____

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