BayArea*RetinaAssociates*
MEDICAL GROUP

Diseases and Surgery of the Retina and Vitreous

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CONSULTATION REQUEST

Date of request: _____ Patient DOB: _____

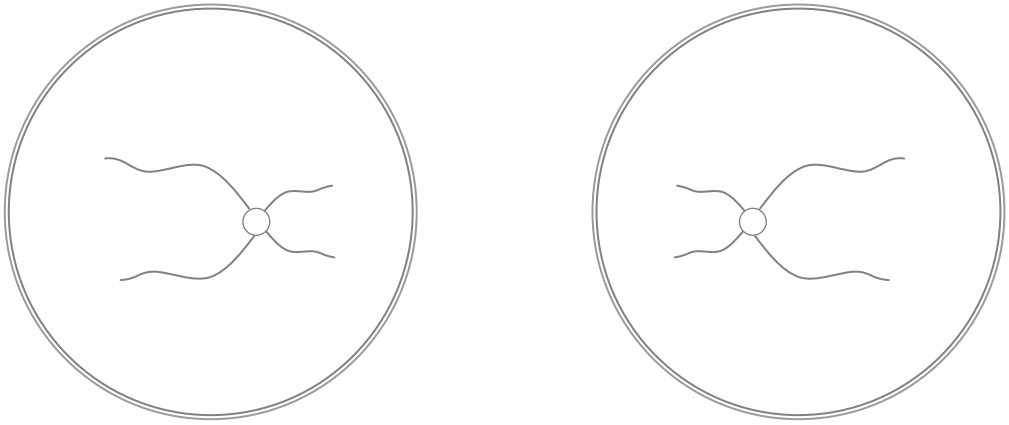
Patient name: _____

Patient phone number: _____

Referring doctor: _____ Office Phone: _____

Diagnosis / Reason for referral: _____

Please diagram areas of interest: Visual acuity (if applicable): OD _____ OS _____



Other instructions:

- ❑ Fluorescein angiography transit OD / OS
- ❑ ICG angiography (Walnut Creek / Oakland) transit OD / OS
- ❑ B-scan ultrasonography OD / OS
- ❑ Optical coherence tomography OD / OS
- ❑ Plaquenil toxicity OCT protocol

Preferred location: *See* **www.bayarearetina.com** *for maps and directions*

- ❑ 122 LA CASA VIA, SUITE 223**, WALNUT CREEK**, CA 94598 | PHONE (925) 943-6800 | FAX (925) 943-6880
- ❑ 20130 LAKE CHABOT ROAD, SUITE 303, **CASTRO VALLEY**, CA 94546 | PHONE (510) 733-1888 | FAX (510) 881-5332
- ❑ 491 30TH STREET, SUITE 102, **OAKLAND**, CA 94609 | PHONE (510) 832-6554 | FAX (510) 832-3119
- ❑ 1460 N. CAMINO ALTO, SUITE 109, **VALLEJO**, CA 94589 | PHONE (707) 552-9596 | FAX (707) 552-9599
- ❑ 39055 HASTINGS STREET, SUITE 105, **FREMONT**, CA 94538 | PHONE (510) 505-1430 | FAX (510) 794-6264
- ❑ 2219 BUCHANAN ROAD, SUITE 6, **ANTIOCH**, CA 94509 | PHONE (925) 522-8850 | FAX (925) 522-8851
- ❑ 15051 HESPERIAN BLVD, SUITE D, **SAN LEANDRO**, CA 94578 | PHONE (510) 317-1111 | FAX (510) 317-1113
- ❑ 5980 STONERIDGE DRIVE, SUITE 117, **PLEASANTON**, CA 94588 | PHONE (925) 463-8200 | FAX (925) 463-8201