

SCHEDULE BY FAX

TO: EYE-Q Vision Care **FAX TO:** (559) 256-8549 **Cosmetic/Lasik Fax:** (559) 256-8484
FROM: Requesting Eye Doctor **Date:** _____ **Time:** _____ am/pm **No. of Pages:** _____

Requesting Physician Responsibility

Please complete and fax for routine appointments and consultations. Your patient will be contacted by an EYE-Q staff member to schedule the appropriate appointment. A response listed below will be faxed back within 24-48 hours.

All **URGENT** appointments must be scheduled by calling **559-486-2000** and faxing this form to **559-256-8549**.

Patient Information (Please attach necessary notes, etc.)

Name _____	Age _____
Address _____	
City _____	State _____ Zip _____
H Phone _____	W Phone _____
DOB _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Insurance _____	ID# _____
LAST REFRACTION	
OD _____	OS _____ VA _____/_____

Requesting Physician Information

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ FAX _____
Pager _____

Requested Information (to be completed by requesting eye doctor)

1. Requesting to Dr. _____ or next available EYE-Q Vision Care Physician

2. Requesting **Consultation** for: **Retina:** Michelle Carle, M.D. Animesh Petkar, M.D.

Cataract: Richard Moors, M.D. Alan Nerenberg, M.D. Brian Cavallaro, M.D. Samuel Hinton, M.D.
 Michael Walker, M.D. next available EYE-Q Vision Care Physician

Pediatric: Derick Holt, M.D. **Strabismus:** Derick Holt, M.D. **Neuro:** Alan Nerenberg, M.D.

Cornea: Michael Walker, M.D. **Glaucoma:** Brian Cavallaro, M.D. **Eyelid:** Campbell Waldrop, M.D.

YAG Capsulotomy: Richard Moors, M.D. Alan Nerenberg, M.D. Brian Cavallaro, M.D.
 Samuel Hinton, M.D. Michael Walker, M.D.

Refractive Surgery: Michael Walker, M.D. Alan Nerenberg, M.D. Samuel Hinton, M.D.
(or call 559-256-8480)

Impression and suggested plan: _____

History: _____

Comments: _____

EYE-Q USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

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For questions regarding the appointment below, please contact: _____ at (559) _____

Thank You for your referral!

We have made at least 3 attempts to contact your patient with no response - PLEASE ADVISE

Scheduled for Examination: Date: _____/_____/_____ Time: _____

Scheduled to be seen by _____

Location: 7075 N. Sharon Avenue, Fresno, CA 93720 (Herndon & Cedar)
 2719 Cinema Way, Selma, CA 93662 (Floral & Whitson)
 726 N. Medical Center Drive East, Suite 101, Clovis, CA 93611 (Herndon & Temperance)