



1050 Northgate Drive  
Suite 354  
San Rafael, CA 94903  
☎ (415) 419-5450  
☎ (415) 419-5730

1320 Tara Hills Drive  
Suite H  
Pinole, CA 94564  
(510) 724-1100  
(510) 724-1104

[www.marinretina.com](http://www.marinretina.com)

PLEASE COMPLETE THIS FORM AND FAX TO THE SAN RAFAEL OR PINOLE OFFICE.  
WE WILL BE HAPPY TO CALL YOUR PATIENT TO SCHEDULE AN APPOINTMENT.

Patient Name \_\_\_\_\_  
First Middle Last

Patient Phone Number ( ) \_\_\_\_\_ Patient DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Alternate Phone Number ( ) \_\_\_\_\_

Insurance - Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Acuity (if known): Right eye \_\_\_\_\_ Left eye \_\_\_\_\_

Reason for Referral:  Right eye  Left eye

- Decreased vision
- R/o tear
- Vitreous detachment
- Diabetic retina
- Macular edema
- Check AMD
- Vitreous hemorrhage
- Retinal hemorrhage
- Artery or vein occlusion
- Macular hole
- Epiretinal membrane
- Other \_\_\_\_\_

Other findings or history \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Visit Requested  Same or next day (please call)  
 Within 2 weeks  
 Within 4 weeks

Referring Doctor \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

