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Craig J. Leong, M.D.

Stewart A. Daniels, M.D.

Subhransu K. Ray, M.D. Ph.D.

T. Daniel Ting, M.D. Ph.D

Tushar M. Ranchod, M.D.

## CONSULTATION REQUEST

Date: \_\_\_\_\_

Patient name: \_\_\_\_\_

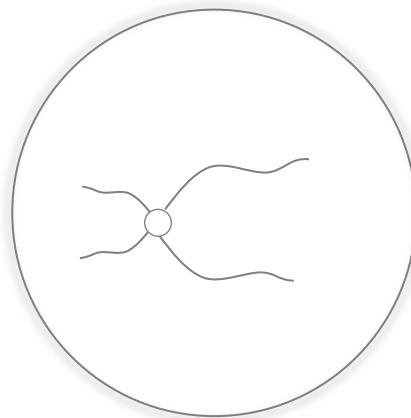
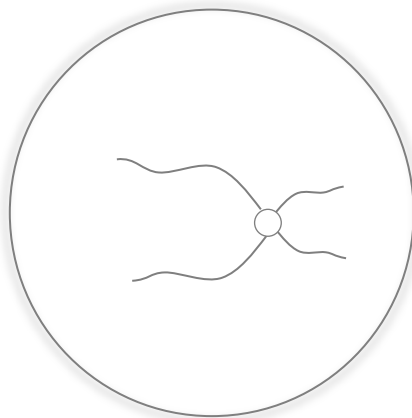
Patient phone number: \_\_\_\_\_

Referring doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis / Reason for referral: \_\_\_\_\_

Please diagram areas of interest:

Visual acuity: OD \_\_\_\_ OS \_\_\_\_



Other instructions:

Fluorescein angiography transit OD / OS

B-scan ultrasonography OD / OS

ICG angiography (Walnut Creek) transit OD / OS

Optical coherence tomography OD / OS

Preferred location:

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 30<sup>TH</sup> 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

2147 MOWRY AVENUE, SUITE C-3, **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