



Western University OF HEALTH SCIENCES

Eye Care Institute

795 E. Second Street • Suite 2 • Pomona • CA 91766-2022
For Appointments: (909) 706-3899 • Fax: (909) 469-8640

Please Check All Appropriate Boxes

Referral to:

- Low Vision
- Neuro-Rehabilitation
- Vision Therapy
- Pediatrics
- Specialty Contact Lens
- Primary Care

Referral for:

- Diabetic Eye Exam
- Consultation
- Referral (Assesment & Treatment)
- Technical Component Only
- Technical Component with Interpretation & Report

Imaging/Structural Testing:

- Cirrus HD - OCT (Retina or Optic Nerve)
- Pachymetry
- A/B Scan Ultrasonography
- Digital Photography -
 - Anterior or Posterior Segment
- Corneal Topography
- Ocular Response Analyzer
- OPD Scan II/3D Wave

Functional Testing:

- Preferential HyperAcuity Perimeter
- Standard Automated Perimetry (Humphrey)
- Kinetic Automated Perimetry (Octopus 900)
- Frequency Doubling Perimetry (FDT)
- Diopsys VEP
- Readalyzer/Visagraph III
- Strabismus Evaluation
- Amblyopia Evaluation
- Visual Efficiency
- Visual Related Learning Disorder

Additional Information:

(Please include Prior Records, Imaging and Visual Field results)

Date of Referral

Patient Name

DOB: MM/DD/YY

Address

City

State

Zip Code

Patient Phone#

****PLEASE INCLUDE COPY OF INSURANCE CARD****

Diagnosis

Date of last eye exam

Name of Referring Provider & Provider Specialty (ex: OD, MD, NP, PA)

Address

City

State

Zip Code

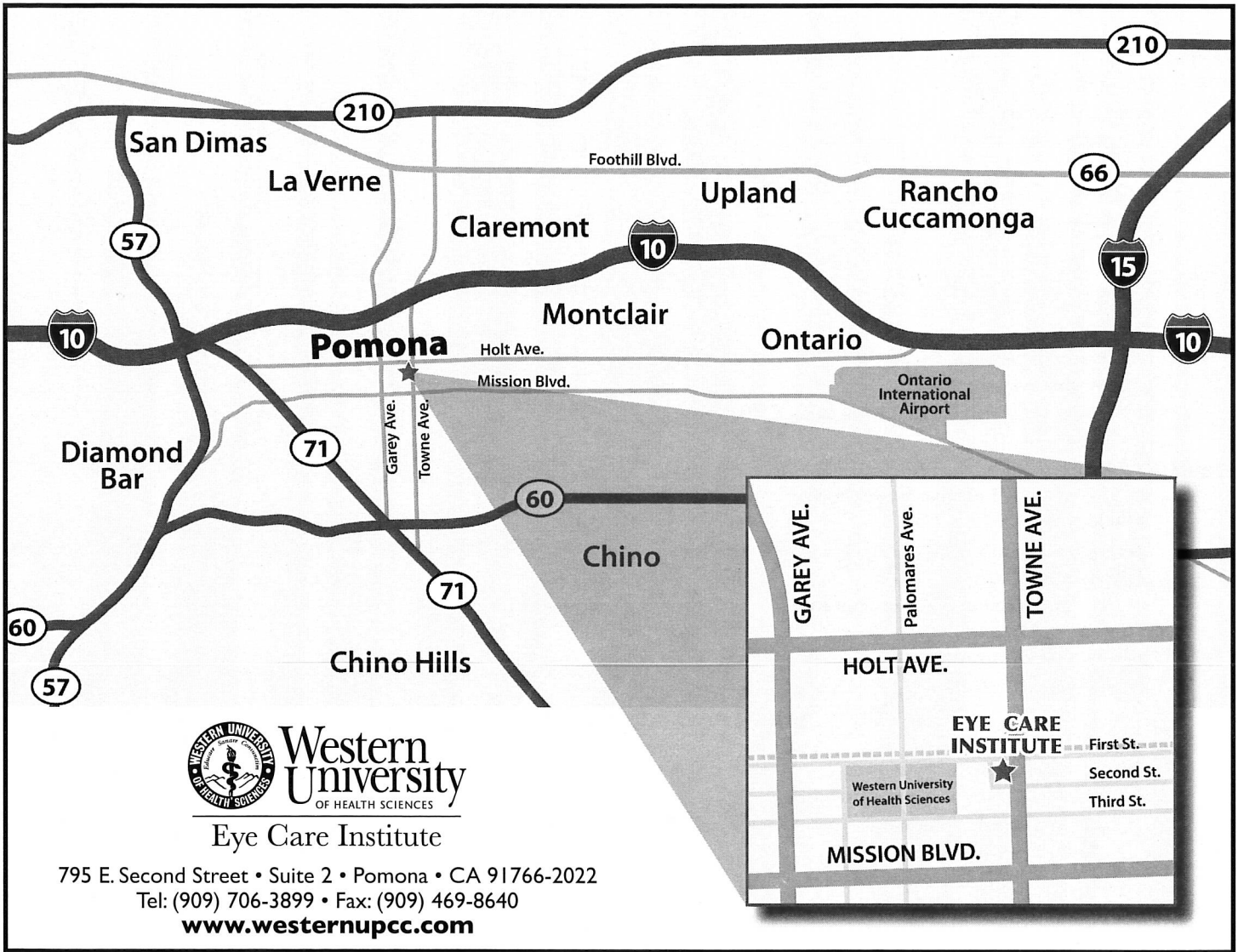
Phone#

Fax#

Preferred Correspondence: (circle one)

Phone Call Mail Fax Email

INCOMPLETE INFORMATION MAY DELAY REFERRAL PROCESS



Western University
OF HEALTH SCIENCES

Eye Care Institute

795 E. Second Street • Suite 2 • Pomona • CA 91766-2022

Tel: (909) 706-3899 • Fax: (909) 469-8640

www.westernupcc.com