



- Mark D. Smith, M.D., F.A.C.S.
- Fane L. Robinson, M.D., F.A.C.S.
- Atul K. Jain, M.D.
- Henry L. Hudson, M.D., F.A.C.S.

Please include recent exam notes and insurance information with this referral.

Appointment Request for NP Est. Pt. Today Within 2-3 days Within 1 week Next Available

Patient Name: _____ DOB: ____/____/____

Phone #: Home: () _____ - _____ Work: () _____ - _____ Cell: () _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance: _____ Medical Grp: _____ ID: _____

Reason for consultation/diagnosis: _____

How long have symptoms been present? _____ days _____ Months _____ Years

Referring Physician: _____

Physician Phone: () _____ - _____ Fax: () _____ - _____

Patient Referred to:

San Diego Retina Associates
7695 Cardinal Court, Suite 100
San Diego, CA 92123
Fax: (858) 609-7106
Phone: (858) 609-7100

San Diego Retina Associates
3231 Waring Court, Suite S
Oceanside, CA 92056
Fax: (760) 724-3920
Phone: (760) 631-6144

Patient Examined on : ____/____/____ Dr. Smith Dr. Robinson Dr. Jain Dr. Hudson

Pertinent Ophthalmic Findings: _____

Treatment Plan: _____

Next scheduled appointment with our office: ____/____/____ or ____Mos ____Yrs PRN

Patient was instructed to call your office for a follow-up appointment with you: Yes No

Physician Signature: _____ Date: ____/____/____

Full consultation report available upon request.