

APPOINTMENT BY FAX

TO: InSight Vision Center **FAX TO:** (559) 432-2632 **Number of Pages:** ____
FROM: Requesting Physician **Date:** _____ **Time:** _____ AM/PM

Please check the box next to the physician you would like your patient to see:

Eric J. Poulsen, MD Azhar I. Salahuddin, MD Sharon S. Hiyama, OD
 Patrick J. Scott, OD David Poulsen, MD

Requesting Physician Responsibility

Please complete and fax this form for referral appointments. Your patient will be contacted by an InSight Vision Center staff member to schedule the appropriate appointment. The response portion listed below will be filled out and faxed back within 24-48 hours.

All URGENT SAME DAY APPOINTMENTS can be scheduled by calling (559) 449-5050 (Fresno) or (559) 674-2020 (Madera).

Patient Information: (please attach necessary notes, etc)

Name		Age
Address		
City	State	Zip
Home Phone	Work Phone	Cell Phone
DOB	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Insurance	ID#	

Requesting Physician Information:

Name		
Clinic Name / Specialty		
Address		
City	State	Zip
Phone	Fax	
NPI #		

REFERRAL INFORMATION (to be completed by the requesting physician):

1. Patient history of: Cataract Diabetes Glaucoma Retinal Other: _____

2. Referred for: Eye Infection Other: _____

Note: Medical Exams will be scheduled with MD and a follow-up letter will be sent to the referring physician.

3. Referred for: Refractive Error Pediatric Refractive Error Free LASER Vision Correction Evaluation

Note: Healthy Eye Exams will be scheduled with OD and no follow-up letter will be sent to the referring physician.

4. Parent or Guardian's name (if patient is under 18): _____

-----PLEASE DO NOT WRITE BELOW THIS LINE-----

TO: _____ **FAX TO:** (____) _____ **Number of Pages:** ____
FROM: InSight Vision Center **Date:** _____ **Time:** _____ AM/PM

Scheduled for Examination: Date: ____/____/____ Time: _____ AM/PM

Your patient is scheduled to be seen by: Dr. Poulsen Dr. Salahuddin Dr. Hiyama Dr. Scott Dr. Liu

Main Office Location:	2nd Location:	3rd Location:
<input type="checkbox"/> 1360 East Herndon Ave. #201 Fresno, CA 93720	<input type="checkbox"/> 7025 N. Chestnut Ave, #103 Fresno, CA 93720	<input type="checkbox"/> 509 South I St, Suite C Madera, CA 93637