



801 S. Chevy Chase Dr., Suite 103, Glendale, CA 91205-4437
Tel: (818) 265-2255 ☎ Fax: (818) 507-5027
Website: www.lugeneeye.com Email: services@lugeneeye.com

CONSULTATION REQUEST FORM

SHERIF M. EL-HARAZI, M.D., M.P.H.

Comprehensive Ophthalmology
Glaucoma Surgery
Cataract Surgery
Oculoplastic Surgery

TINNY T. DINH, M.D., M.S.

Comprehensive Ophthalmology
Pediatric Ophthalmology & Strabismus Surgery
Cataract Surgery
Retinopathy of Prematurity Screening

MARTA A. RECASENS, M.D.

Vitreo-Retinal Disease & Surgery
(Macular Degeneration, Diabetic Retinopathy,
Uveitis, Retinal Tears and Detachments)

APPOINTMENT DATE:

TIME:

Referring Provider: _____ **Today's Date:** _____

NPI: _____ **UPIN:** _____

Patient: _____ **Date of Birth:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Insurance: _____ **Authorization #:** _____

INDICATION/DIAGNOSIS:

Recommended Procedure for Pediatric Patient for Initial Consult (Check ALL boxes as applicable):

Comprehensive Consultation (99244) Refraction (92015) Sensorimotor Exam (92060)

TYPE OF CONSULT: _____ **APPOINTMENT TYPE:** Urgent Routine-Initial Routine-Follow-up

Other Pertinent Medical History/Indication:

Note to the Referring Provider: If you wish to schedule the patient to see our provider, please call our office at (818) 265-2255, or simply fax us this form to (818) 507-5027, and we will gladly contact your patient to schedule the appointment. Thank you.

(See Insurance, Medical Group/IPA affiliation and Map on Reverse)

