



(714) 771-1213

Orange
293 S. Main St.
Ste 100
Orange, CA 92868

Long Beach
4300 Long Beach Blvd.
Ste 400
Long Beach, CA 90807

Irvine
15825 Laguna Canyon Rd.
Ste 201
Irvine, CA 92618

Norco
1524 4th St.
Ste 101
Norco, CA 92860

Select surgeon:
Dan B. Tran, MD
Betsy Nguyen, MD
Amir Marvasti, MD
First Available

CONSULTATION REQUEST FORM

PATIENT INFORMATION

Today's Date _____

Patient Name (Last, First, Middle initial) _____

Date of Birth _____

Age _____

Street address _____

City _____

State _____

ZIP Code _____

Home Phone _____ Cell Phone _____ Permission to text cell _____

Email Address _____

TYPE OF CONSULTATION

Lasik/ PRK Cataract RLE ICL (Phakic IOL) Glaucoma Intacs Pterygium Dry Eye

Clinical Trial CXL Other _____ Type of Insurance: HMO PPO Medicare

CTL History/Number of years worn Soft: _____ Toric: _____ RGP: _____

UCVA

OD 20 / _____

OS 20 / _____

Current Best Spectacle Correct VA

OD - x 20/ _____

OS - x 20/ _____

Monovision: Yes No

Distance Eye: OD OS

Target: OD _____ OS _____

Discussed Monovision Target Post-Op Refraction _____ Discussed Toric IOL/Astigmatism Management
Discussed Multifocal/Accommodating IOL (Lifestyle Lens) Discussed other: _____

CO-MANAGING DOCTOR INFORMATION

Doctor's Name (please print) _____

City _____

Phone Number _____

Fax Number _____

Email Address _____

Recommendations/Comments: _____

Fee Quoted: _____ Your Coastal Vision Representative: _____

I desire to co-manage this patient, and will be responsible for my portion of the patient's postoperative care when the patient is referred back to me, including punctal plugs and dry eye management.

I am glaucoma certified and desire to be responsible for my patient's glaucoma management.

I am a Medicare provider and I desire to participate in the 90 day post-op period after cataract surgery.

▶ Doctor's Signature: _____

Consult Fax Line: 1-657-223-6927 or 714-771-7126

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