Anaheim Eye

Diagnostic Services Request

For care available at our Anaheim Office
1211 West La Palma Avenue, Suite 201 Anaheim CA 92801
T: (714) 533-2020 Fax (714) 533-9920 www.anaheimeyemd.com

REFERRING DOCTOR

Name: ______________________

Address: ______________________

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Phone: ______________________

Date of Referral: ______________________

PATIENT INFORMATION

Name: ______________________

Address: ______________________

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Phone Hm: ____________ Phone Wk: ____________

Date of Birth: ______________________

ASSESSMENT

Working Diagnosis: ______________________

SERVICES REQUESTED

Service	Price	OD	OS	OU
Anterior segment photos	$40			
Posterior segment photos	$50			
Topography/Pentacam	$65			
Pachymetry	$25			
Visual field	$85			

Test strategy requested ______________________

Can patient be safely dilated with tropicamide and phenylephrine?

Yes

If not, please explain: ______________________

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Optical Coherence Tomography (OCT):

Service	Price
Angle analysis	$50
Corneal analysis	$50
Macular analysis	$50
Optic nerve head analysis	$50
Retinal nerve fiber layer (GCC)	$50

If visual field or OCT is requested, please provide refraction.

OD ______________ 20/ ______________

OS ______________ 20/ ______________

Unless requested, these tests will be provided without interpretation.

Do you want us to interpret test results for you? Yes

AREAS OF INTEREST

If OCT or photos are requested, please indicate and/or comment on the areas of interest. ______________________

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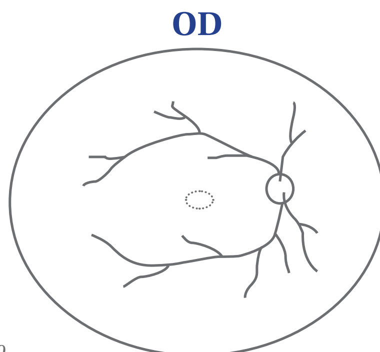
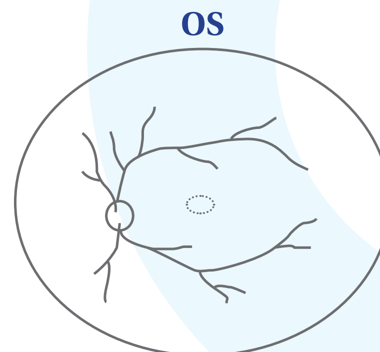
OD



OS



Revised 2020
Please Fax Request (714) 533-9920