

LONG  
BEACH  
RETINA

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Patient name

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Phone number

**Reason for referral:**

- ☐ Diabetic retinopathy or screening
- ☐ Wet AMD
- ☐ Dry AMD
- ☐ Flashes/floaters
- ☐ Macular edema
- ☐ Retinal lesion
- ☐ Vein Occlusion
- ☐ IOL evaluation
- ☐ Retinal detachment
- ☐ Retinal tear
- ☐ Epiretinal membrane
- ☐ Macular hole
- ☐ Uveitis
- ☐ \_\_\_\_\_

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Referring Doctor

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Office phone

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