

**Referral for Consultation: (1) Call 661-325-3937**  
**(2) FAX to 661-283-3937 and (3) Ask patient to bring this sheet EELC.**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

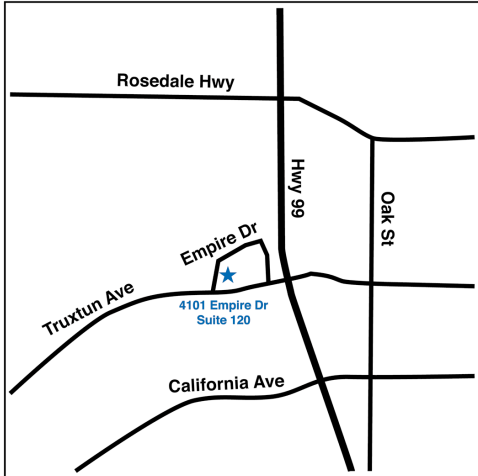
**Patient Ph:** \_\_\_\_\_

**Appointment Date/Time:** \_\_\_\_\_

**Physician:**

- ☐ Joseph Chang, M.D.
- ☐ Daniel Chang, M.D.
- ☐ Vin Dang, O.D.
- ☐ Ranjeet Bajwa, O.D.
- ☐ Laura Huggins, O.D.

**PLEASE BRING  
THIS SHEET  
TO YOUR  
APPOINTMENT**



☐ **Empire Dr Office**

4101 Empire Drive, Suite 120  
Bakersfield, CA 93309  
**661-325-3937**



☐ **Old River Rd Office**

500 Old River Road, Suite 185  
Bakersfield, CA 93311  
**661-325-3937**

Reason for Consultation: \_\_\_\_\_ yo M / F

- ☐ Cataract Eval      ☐ Refractive Consult
- ☐ Plastics Consult    ☐ Glaucoma Eval
- ☐ Other: \_\_\_\_\_

VA: OD 20 / \_\_\_\_\_

OS 20 / \_\_\_\_\_

MRx: OD = 20 / \_\_\_\_\_

OS = 20 / \_\_\_\_\_

Referring Physician: Dr. \_\_\_\_\_

Service Requested:

- ☐ Consultation and Management
- ☐ 2nd Opinion Only
- ☐ Other: \_\_\_\_\_

Contact Information/Additional Comments:

Response Requested:

- ☐ Send letter
- ☐ Fax note / call when seen: \_\_\_\_\_

Referring Doctor Signature: \_\_\_\_\_

**PLEASE BRING THIS SHEET TO YOUR APPOINTMENT.**