

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: _____



Empire Dr Office
4105 Empire Drive
Bakersfield, CA 93309
661-325-3937

Patient Phone Number:

Insurance:

Appointment Date/Time:

Physician:

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

**PLEASE BRING
THIS SHEET
TO YOUR
APPOINTMENT**

Reason for Consultation: _____ yo M / F

- Cataract Eval Refractive Consult
- Plastics Consult Glaucoma Eval
- Dry Eye Evaluation
- Other:

VA: OD 20 / _____

OS 20 / _____

MRx: OD = 20 / _____

OS = 20 / _____

Referring Physician: Dr. _____

Service Requested:
 Consultation and Management
 2nd Opinion Only

Contact Information/Additional Comments:

Response Requested:
 Send letter
 Fax note / call when seen: _____

Referring Doctor Signature: _____

PLEASE BRING THIS SHEET TO YOUR APPOINTMENT.