HARVARD EYE ASSOCIATES

Appointment Request Form

Referral For

- ☐ John A. Hovanesian MD — *Cataracts, LASIK, Cornea, Pterygium*
- ☐ Brian T. Kim, MD — *Medical Retina, Cataracts*
- ☐ Ashraf F. Ahmad, MD — *Cataracts, Cornea, LASIK*
- ☐ Connie M. Sears, MD — *Oculofacial Plastic & Reconstructive Surgery*
- ☐ Savak Teymoorian, MD — *Cataracts, Interventional Glaucoma*
- ☐ Sonia B. Dhoot, MD — *Medical & Surgical Retina*
- ☐ Jeffrey L. Jacobs, MD — *Oculoplastic & Reconstructive Surgery*
- ☐ Edward W. Kim, MD — *Cataracts, Anterior Segment Diseases*
- ☐ Charles E. Keller, MD — *Cataracts, Cornea, Anterior Segment Diseases*
- ☐ Ye Elaine Wang, MD — *Glaucoma, Cataracts*
- ☐ Behnaz Rouhani, MD — *Cornea, Cataracts, LASIK*
- ☐ Satvinder K. Gujral, MD — *Glaucoma*

Referring Provider Details

Referring Office: _____

Referring Provider Name: _____

Phone Number: _____ Fax Number: _____

Patient Information

Patient Name: _____ Patient DOB: _____

Phone Number: _____ Patient Insurance: _____

Is this patient in need of URGENT attention? ☐ No ☐ Yes

(If this is a medical emergency, please call our office at 949-951-2020.)

Reason for Referral: _____

_____

_____

_____

Preferred Location for Visit:

☐ **Laguna Hills Office**
23961 Calle De La Magdalena, #300
Laguna Hills, CA 92653

☐ **San Clemente Office**
665 Camino De Los Mares, #102
San Clemente, CA 92673

☐ **Orange Office**
1010 W La Veta Avenue, #175
Orange, CA 92868

Please fax completed form to: **949-356-1693**

www.harvardeye.com phone: 949-951-2020