APPOINTMENT BY FAX

TO: InSight Vision Center **FAX TO:** (559) 432-2632 Number of Pages: ____

FROM: Requesting Physician **Date:** _____ **Time:** _____ AM/PM

Please check the box next to the physician you would like your patient to see:

☐ Eric J. Poulsen, MD ☐ Azhar I. Salahuddin, MD Sharon S. Hiyama, OD ☐ Patrick J. Scott, OD ☐ David Poulsen, MD

Requesting Physician Responsibility

Please complete and fax this form for referral appointments. Your patient will be contacted by an InSight Vision Center staff member to schedule the appropriate appointment. The response portion listed below will be filled out and faxed back within 24-48 hours.

All URGENT SAME DAY APPOINTMENTS can be scheduled by calling (559) 449-5050 (Fresno) or (559) 674-2020 (Madera).

Patient Information: (please attach necessary notes, etc)

Name		Age
Address		
City	State	Zip
Home Phone	Work Phone	Cell Phone
DOB	Male ☐	Female ☐
Insurance	ID#	

Requesting Physician Information:

Name		
Clinic Name / Specialty		
Address		
City	State	Zip
Phone	Fax	
NPI #		

REFERRAL INFORMATION ***(to be completed by the requesting physician)*****:**

1. Patient history of: ☐ **Cataract** ☐ **Diabetes** ☐ **Glaucoma** ☐ **Retinal** ☐ **Other:** _____

2. Referred for: ☐ Eye Infection ☐ Other: _____

Note: Medical Exams will be scheduled with MD and a follow-up letter will be sent to the referring physician.

3. Referred for: ☐ **Refractive Error** ☐ **Pediatric Refractive Error** ☐ **Free LASER Vision Correction Evaluation**

Note: Healthy Eye Exams will be scheduled with OD and no follow-up letter will be sent to the referring physician.

4. Parent or Guardian's name (if patient is under 18): _____

- PLEASE DO NOT WRITE BELOW THIS LINE -

TO: _____ **FAX TO:** (___) _____ Number of Pages: ____

FROM: InSight Vision Center **Date:** _____ **Time:** _____ AM/PM

Scheduled for Examination: Date: ____ /____ /_____ Time: _____ AM/PM

Your patient is scheduled to be seen by: ☐Dr. Poulsen ☐ Dr. Salahuddin ☐ Dr. Hiyama ☐ Dr. Scott ☐ Dr. Liu

Main Office Location:
☐ 1360 East Herndon Ave. #201
Fresno, CA 93720

2nd Location:
☐ 7025 N. Chestnut Ave, #103
Fresno, CA 93720

3rd Location:
☐ 509 South I St, Suite C
Madera, CA 93637