PACIFIC EYE INSTITUTE

CENTRALIZED FAX
for all locations
909.294.8489

PATIENT NAME: _____ **DATE:** _____

ADDRESS:

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PHONE:

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REFERRING PHYSICIAN:

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REFERRING PHYSICIAN PHONE:

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REASON FOR REFERRAL:

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MANIFEST REFRACTION:

OD: _____

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☐ **CO-MANAGEMENT**

- ☐ **Pamela J. Bekendam, M.D.** — General Ophthalmology
- ☐ **Peter D. Bekendam, M.D.** — General Ophthalmology
- ☐ **Andrea S. Ching, M.D.** — General Ophthalmology
- ☐ **Charisse Chin, M.D.** — General Ophthalmology, Ophthalmic Plastic and Reconstructive Surgery
- ☐ **Jesse A. Dovich, M.D.** — General Ophthalmology
- ☐ **Daniel D. Esmaili, M.D.** — Retina and Vitreous
- ☐ **Mila J. Heersink, M.D.** — Cornea / General Ophthalmology
- ☐ **Samuel C. Kim, M.D.** — Retina and Vitreous
- ☐ **Julie A. King, M.D.** — Cornea / External Disease
- ☐ **Firas M. Rahhal, M.D.** — Retina and Vitreous
- ☐ **Richmond E. Roeske, M.D.** — Refractive Surgery / General Ophthalmology
- ☐ **Aaron Savar, M.D.** — Ophthalmic Plastic and Reconstructive Surgery
- ☐ **Louis Savar, M.D.** — Ophthalmic Plastic and Reconstructive Surgery
- ☐ **W. Berywn Smith, M.D.** — General Ophthalmology
- ☐ **Nishant G. Soni, M.D** — Cornea / Refractive Surgery
- ☐ **Jeffrey J. Tan, M.D.** — Retina and Vitreous
- ☐ **Edward S. Yung, M.D.** — Glaucoma / Comprehensive

APPOINTMENT

DATE: _____

TIME: _____

LOCATION: _____

DOCTOR: _____

☐ **BARSTOW**
500 E. Mountain View St.
Barstow, CA 92311
p. 760.256.8791

☐ **EASTVALE**
12442 Limonite Ave.
Suite 200
Eastvale, CA 91752
p. 951.737.4000

☐ **HESPERIA**
11959 Mariposa Rd.
Hesperia, CA 92345
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☐ **RANCHO CUCAMONGA**
8112 Milliken Ave., Suite 203
Rancho Cucamonga, CA 91730
p. 909.945.3563
p. 909.945.9400 (Laser Center)

☐ **TEMECULA**
41877 Enterprise Circle N.
Suite 110
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☐ **UPLAND**
555 & 591 North 13th Ave.
Upland, CA 91786

555 Building
p. 909.982.8846
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591 Building
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