

TO OUR PATIENTS: Please bring this form with you for your appointment. Please notify us if you are unable to keep your appointment.

Northern California  **Retina Vitreous Assoc.**
Medical Group, Inc.

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Alok S. Bansal, M.D.
Louis K. Chang, M.D., PH.D.

Doctor Requesting Consult _____

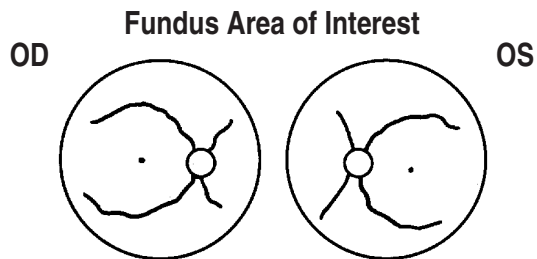
Patient's Name _____

Indication for Consult: _____

Visual Acuity: R.E. 20/ _____ Date of Consult _____

L.E. 20/ _____

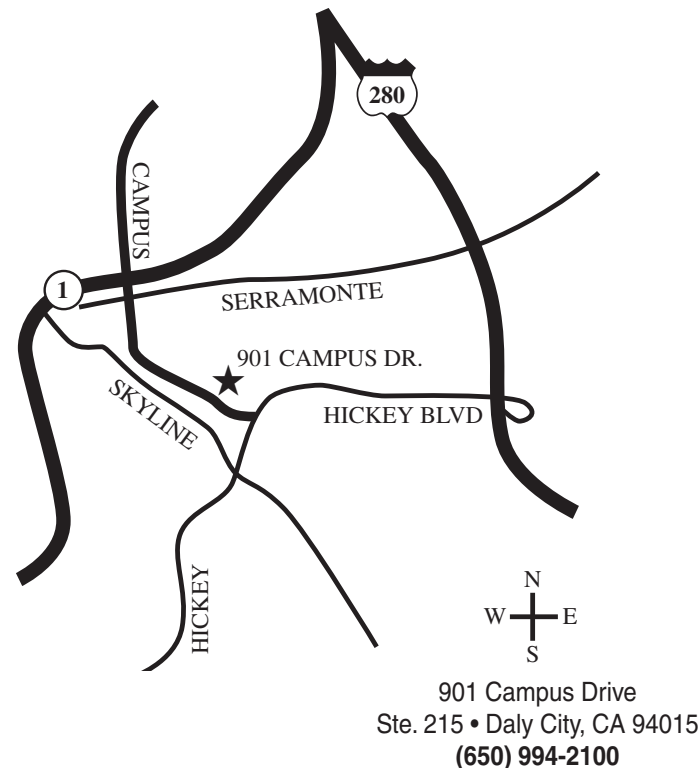
Other Information _____



- Consultation
- Fluorescein Angiogram
- Fundus Photographs
- Ophthalmic Ultrasonography
- OCT (optical coherence tomography) macula disc

901 Campus Drive, Suite 215 • Daly City, CA 94015
(650) 994-2100 • Fax (650) 994-2121

Please check if new supply of forms is needed



DIRECTIONS TO DALY CITY OFFICE
(PHYSICIANS MEDICAL CENTER)

FROM THE NORTH: TAKE I-280 SOUTH TO HICKEY BLVD. TURN RIGHT ON HICKEY AND HEAD WEST, APPROXIMATELY 1 MILE TO CAMPUS DRIVE. TURN RIGHT ON CAMPUS DRIVE. PHYSICIANS MEDICAL CENTER IS ON THE RIGHT HAND SIDE.

FROM THE SOUTH: TAKE I-280 NORTH TO HICKEY BLVD. TURN LEFT ON HICKEY AND HEAD WEST, APPROXIMATELY 1 MILE TO CAMPUS DRIVE. TURN RIGHT ON CAMPUS DRIVE. PHYSICIANS MEDICAL CENTER IS ON THE RIGHT HAND SIDE.

Patients may be dropped off at the building. An elevator may be taken to our office located on the second floor. Suite 215.