

EAST BAY EYE CENTER MEDICAL CORPORATION

Todd D. Severin, M.D.

Aimée R. Edell, M.D.

Telephone: 925 830-8823 Fax: 925 866-6610

CATARACT REFERRAL FORM

REFERRING PROVIDER _____ O.D. DATE: _____

YOUR PHONE: _____ YOUR FAX: _____

PATIENT NAME: _____ PHONE (H) _____

(Work/Cell) _____

VISUAL HISTORY: _____

SIGNIFICANT MEDICAL HISTORY: _____

CURRENT MEDICATIONS: _____

OCULAR MEDICATIONS: _____

CURRENT SPECTACLES **AGE of SPECTACLES:** _____

OD _____ =20/ _____

OS _____ =20/ _____

ADD _____

MOST RECENT REFRACTION **DATE of EXAM:** _____

OD _____ =20/ _____

OS _____ =20/ _____

ADD _____

ASSESSMENT: _____

Surgeon: Todd Severin, M.D. Aimée Edell, M.D.

**5801 Norris Canyon Road, Suite 200
San Ramon, CA 94583**