Consultation Office Locations: *(please check one)*

☐ Los Angeles
4160 Wilshire Blvd FL 2.
Los Angeles, CA. 90010
323-933-3111

☐ Sherman Oaks
4954 Van Nuys Blvd. STE 200
Sherman Oaks, CA. 91403
323-933-3111

☐ Pasadena
2900 E. Colorado Blvd.
Pasadena, CA. 91107
323-933-3111

PATIENT REFERRAL

REFERRING PROVIDER

Name:	Clinic:
Office Phone:	Contact Email:
Office Fax:	

Co-Management Options

☐ Pre-Op Only ☐ Pre and Post Op ☐ Referral Only

PATIENT INFORMATION

Legal Last Name:	Legal First Name:		
Preferred Phone:	Age:	DoB:	Gender: M F
Address:			

PROCEDURE / TREATMENT DISCUSSED

☐ LASIK / PRK ☐ SMILE ☐ EVO ICL ☐ RLE / CLE ☐ CATARACT

☐ LDD Treatment ☐ YAG Capsulotomy ☐ Corneal Crosslinking ☐ Other______________

FINANCING

☐ Insurance (for Cataract) ☐ PPO Ins. ☐ MEDICARE

☐ CASH ☐ 0% interest Financing (12-month w/ 50% as deposit)

NOTES

Please send completed attachment and any relevant patient info to: admin@ccrsvision.com
or via Fax: 323-933-3393