

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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Doctor Requesting Consult \_\_\_\_\_

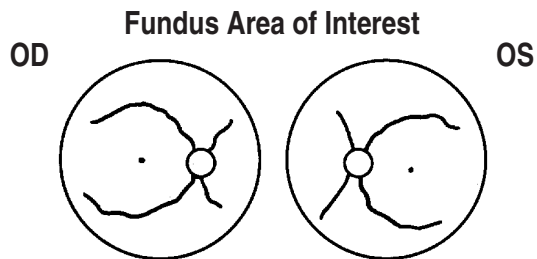
Patient's Name \_\_\_\_\_

Indication for Consult: \_\_\_\_\_

Visual Acuity: R.E. 20/ \_\_\_\_\_ Date of Consult \_\_\_\_\_

L.E. 20/ \_\_\_\_\_

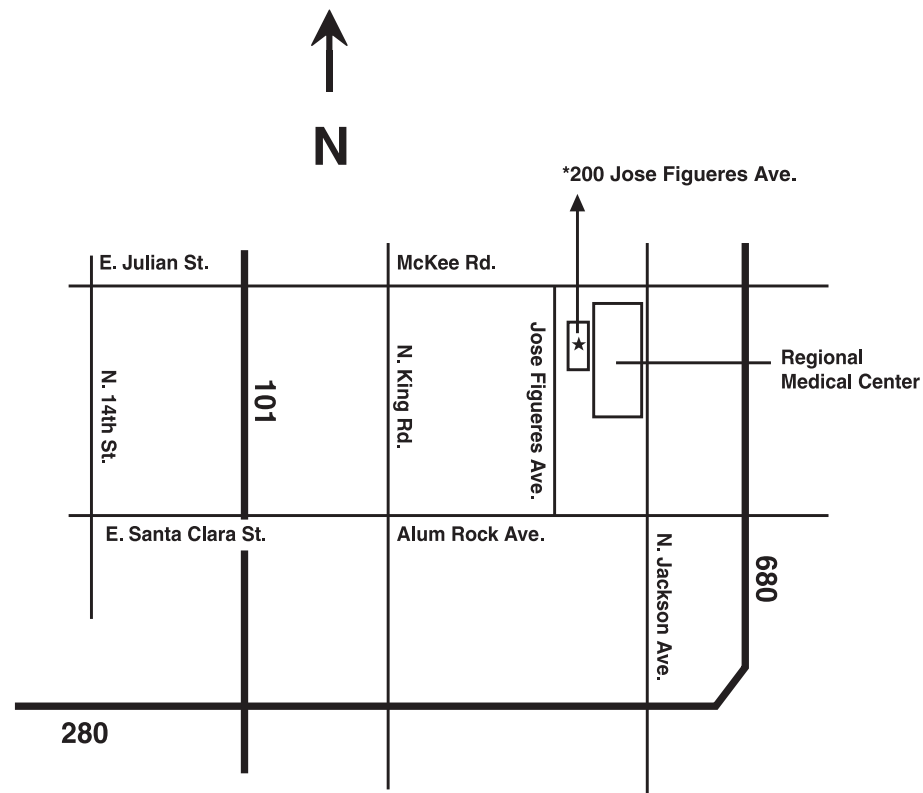
Other Information \_\_\_\_\_



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

**200 Jose Figueres Ave • Ste. 415**  
**San Jose, CA 95116 • 408-251-3500 Fax 408-251-3535**

Please check if new supply of forms is needed



**200 JOSE FIGUERES AVENUE SUITE 415**  
**SAN JOSE, CA 95116 (408) 251-3500**

**Directions:**

From 101:  
Coming from the north or south, take the McKee Rd/ Julian St exit, go east on McKee Rd. Turn right on Jose Figueres Avenue. Office building on left hand side.

From 280:  
Coming from south 280 continue on to north 680 take the McKee Rd exit west, make a left turn on Jose Figueres Avenue. Office building on the left hand side.

From 680:  
Travel south on Hwy 680 take the McKee Rd exit west, make a left turn on Jose Figueres Avenue. Office building on the left hand side

From Downtown San Jose:  
Take Santa Clara Street east, continue on to Alum Rock Avenue, turn left on Jose Figueres Avenue. Make a right turn into parking lot.