

*Ridge Eye Institute*

5889 Clark Road  
Paradise, CA 95969

Phone: (530) 877-2020  
Fax: (530) 877-4641

**Prior Referral Request Form**

To PCP/Facility: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax#: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Anticipated Appt. Date: \_\_\_\_\_ with Dr. \_\_\_\_\_

The above patient carries an insurance that may need a prior referral or authorization as they may be enrolled in a managed care plan. The necessary referral or authorization is needed before our ophthalmologist is able to see them for this visit.

Along with a complete annual eye exam and refractive error checks, our ophthalmology services may also include various eye testing and examination services when patient may show such indications of:

- |                            |                        |                                  |
|----------------------------|------------------------|----------------------------------|
| Diabetic Retinopathy       | Strabismus             | Pterygium                        |
| Retinopathy of Prematurity | Dermatochalasis        | Herpetic Eye Infection           |
| Cataracts                  | Eye Pain               | Retinal Detachment               |
| Glaucoma                   | Corneal Scar or Ulcer  | Age Related Macular Degeneration |
| Amblyopia                  | Foreign Body in Cornea |                                  |
| Nystagmus                  | Dry Eye Syndrome       |                                  |

**Examples of possible additional testing may include:**

- Dilated Fundus Exam
- External Photography
- Topography
- Fundus Photography
- Ocular coherence Tomography (OCT)
- Ultrasonography A-Scan/ B-Scan
- Visual Field Examination
- Sensorimotor Exam

\_\_\_\_\_  
Referring Physician Signature

\_\_\_\_\_  
Referring Physician NPI #

**CONFIDENTIALITY NOTICE:** This message and any attachments may contain confidential health information that is legally privileged. This information is intended for the use of the named recipient(s). The authorized recipient of this information is prohibited from disclosing this information to any party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of this message is strictly prohibited. If you received this message in error, please notify the sender immediately to arrange disposition of the information. Unintended transmission shall not constitute the waiver of the attorney-client or any other privilege. **HIPAA Reminder:** If you are a "Covered Entity" health care provider as defined in the HIPAA regulation, any emails or electronic files containing Protected Health Information should be encrypted or electronically secured prior to transmission. **Updated 10/21/14 DS**