Inland Valley Retina

Medical Associates, Inc.

Paul A. Blacharski, M.D. /Theodore K. Lin, M.D.
Thomas A.M. Lazzarini, M.D.

Patient Referral Form

Patient's Name: _____

Address: _____

Phone: _____

Insurance: _____

ID#: _____

Date of Birth: ___/___/___

Condition: _____

_____

_____

Referral For:
- ❑ Consultation Only
- ❑ Consultation and Treatment
- ❑ Other:

Office Location:
- ❑ 29798 Haun Road, Suite 200
  Menifee, CA 92586
- ❑ 1810 Fullerton Avenue, Suite 206
  Corona, CA 92881
- ❑ 41900 Winchester Road, Suite 201
  Temecula, CA 92590

Phone: **951-679-0400** Fax: **951-672-6667**

Web Site: **www.ivretina.com**

Return Visit:
- ❑ After Consultation
- ❑ After Treatment

Referring Doctor: _____

Signature: _____ Date: _____

Phone: _____ Fax: _____