



REFERRAL FORM

Advanced Eye Health & Surgical Care

ROUTINE

URGENT

Providers

Shelly Bagai Lapsi, MD
Eye Physician & Surgeon
Board Certified Ophthalmologist

Emily So, OD

Date _____

Patient Name _____

Patient Phone _____

Patient Email _____

BCVA
OD 20/ _____
OS 20/ _____

Manifest Refraction or Current Spectacle Rx

OD _____ x _____ 20/ _____

OS _____ x _____ 20/ _____

Referring Physician & Contact Info: _____

Reason for Consultation:

- Cataract
- Dry Eye
- Glaucoma
- Macular Degeneration/ Drusen
- Trauma
- Eye Pain/ Redness/ Corneal Disease
- Diabetes
- Unexplained Vision Loss/ Unknown Maculopathy
- Pterygium
- IOL/ Lens Complication
- Other: _____

Additional Comments _____



**Hours: Monday - Friday
9am to 5pm**

SPECIAL INSTRUCTIONS:

Ref Providers: Please fax this referral to **626-332-1808**.

Patients: Please call **626-332-1888** to make an appointment. Please make sure to bring photo ID and current insurance card .

We accept PPO, Medicare, Medi-Cal and all major insurances.

554 East San Bernardino Road, Suite 102, Covina, CA 91723

Phone: 626-332-1888 • Fax: 626-332-1808

www.omnieyecare.com