



CENTRAL COAST RETINA

THE EYE IS THE LAMP OF THE BODY

EST. 2020

RETINA AND VITREOUS SURGERY

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THANK YOU FOR YOUR REFERRAL

Referring Physician: _____

Patient Name: _____

Patient Email: _____

Patient Phone: _____

Additional Instruction: _____

DIAGNOSES

- | | |
|---|---|
| <input type="checkbox"/> Bscan | <input type="checkbox"/> Plaquenil / Elmiron |
| <input type="checkbox"/> Diabetic retinopathy | <input type="checkbox"/> Retinal tears / detachments |
| <input type="checkbox"/> Endophthalmitis / Uveitis | <input type="checkbox"/> Retinal vein /artery occlusion |
| <input type="checkbox"/> Floaters / PVD | <input type="checkbox"/> Rubeosis / NVG |
| <input type="checkbox"/> Lens dislocation / fragments | <input type="checkbox"/> Subjective Visual Disturbance |
| <input type="checkbox"/> Macular degeneration | <input type="checkbox"/> Sudden Vision Loss |
| <input type="checkbox"/> Macular edema | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Macular hole / pucker | <input type="checkbox"/> Vitreous hemorrhage |
| <input type="checkbox"/> Optic nerve disease | <input type="checkbox"/> Visual field Deficit |
| <input type="checkbox"/> Preop / Dilated fundus exam | <input type="checkbox"/> Other _____ |

URGENCY Today (Call 805-876-3050 to schedule immediately.)

Within 24 Hours

This Week

Routine