



EYE MEDICAL CENTER
OF FRESNO

CONSULTATION REQUEST

559-486-5000

1360 E. Herndon Avenue #301 • Fresno, CA 93720

1122 'S' Street • Fresno, CA 93721

Referring Doctor: _____	
Referral Contact: _____	Email: _____
Phone Number: _____	Fax Number: _____

Patient Name: _____	DOB: _____
Address: _____	
Home Phone Number: _____	Cell Number: _____
Email Address: _____	
Reason For Consultation: _____	

The following information is required to schedule an appointment:

- _____ Demographics page
- _____ Copy of insurance cards
- _____ Pertinent medical records

EMAIL REQUESTS TO: referrals@emcfresno.com **FAX REQUESTS TO:** 559-449-5092

Mehdi Ghajarnia, M.D., Cornea, Cataract and Refractive Surgery

Richard Mendoza, M.D., Glaucoma and Cataract

Rodney Remington, M.D., Glaucoma

Donald Strum, M.D., Glaucoma and General Ophthalmology

Carolyn Sakauye, M.D., Cornea and Cataract

George Bertolucci, M.D., Retina Specialist

Sumeer Thinda, M.D., Retina Specialist

Daniel Prescott, M.D., Retina Specialist

Laura Teasley, M.D., Retina Specialist

Maziar Bidar, M.D., Oculofacial Plastic Surgery FAX REQUEST TO: 559-449-5098

Harinder S. Chahal, M.D., Oculofacial Plastic Surgery FAX REQUEST TO: 559-449-5098

EMC USE ONLY

Appointment Date: _____

Appointment Time: _____

Appointment Kept: _____

White copy - Referring Doctor

Yellow copy - Patient