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## [ ] Lakewood Office

(Lakewood Regional MC) 5750 Downey Avenue, Suite 101 Lakewood, CA 90712

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## [ ] Montebello Office

(Beverly Hospital Vicinity) 1717 W. Beverly Blvd. Suite A Montebello, CA 90640

## [ ] Whittier Office

MEC Urgent Eye Care 12480 Washington Blvd.

Whittier, CA 90606









Patient Name		Date of Birth
Please send this form, along with the patient's chart notes or information on the day of appointment.	a letter in advance of the p	atient's scheduled appointment, or ask the patient to bring thi
Referring Physician	Phone	Fax
Address I am sending this patient to you for assistance with his/her	care. Please evaluate the p	patient's problem(s) or condition(s)(describe)
and consider treatment as appropriate.		
<ul><li>[ ] Consultation with appropriate treatment</li><li>[ ] Consultation only</li><li>[ ] Second Opinion</li></ul>		

Referring Physician Signature:			
[ ] Please call and send letter	[ ]Please send letter alone	[ ]Please Fax results A.S.A.P	