



# Francis I. Proctor Foundation

for Research in Ophthalmology

## Proctor Patient Referral Form

Phone: (415) 476-1442

Fax: (415) 502-2521

### Referring Provider Information

Referring Provider Name		Date (mm-dd-yyyy)
Practice Name	Referring Provider Email	
Office Address		City
State (required for domestic patient)	ZIP Code (required for domestic patient)	NPI Number (required for domestic patient)
Phone	Fax	Primary Care Provider (optional)

### Patient Information

Patient Name (First, Middle, Last)		Birth Date (mm-dd-yyyy)	UCSF Medical Record Number (if available)
Patient Email (optional)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Nonbinary	
Address		City	
State (required for domestic patient)	ZIP Code (required for domestic patient)	Country (optional)	
Home Phone	Alternate Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Other	Does the patient need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," what language?
Parent Name (if minor)		Spouse First Name (optional)	
Patient Insurance Information: <b>REQUIRED</b> - Attach a copy of the insurance card. HMO and Medi-Cal insurances require authorization, please call our office at (415) 476-1442 to obtain CPT codes.			

### Appointment Request

Clinical question to be answered. Submit any pertinent medical records.	
Indication or Diagnosis	
Is this for testing only? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," what testing?

Thank you for referring your patient to the Proctor Foundation at UCSF. Please fax clinical chart notes, copy of insurance card(s), and the referral form to 415-502-2521. For urgent referrals, please call our front desk at (415) 476-1442.