



# Francis I. Proctor Foundation

for Research in Ophthalmology

## Uveitis Patient Referral Form

### 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	Parent Name (if minor)	
Maiden Name (optional)		Spouse First Name (optional)	
Patient Insurance Information (if available)		Does the patient need an interpreter <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," what language?

### Appointment Request

Clinical question to be answered. Submit any pertinent medical records.
Indication or Diagnosis

You will receive confirmation once the appointment is scheduled. To refer via our front desk, please call our front desk at (415) 476-1442. 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.