

Referral to Keshav Narain, M.D. | South Bay Retina  
Specialist in Posterior Segment: Retina, Nerve, Uvea

Ph: 408-294-3534 | Fax: 408-294-3214

www.southbayretina.com

**San Jose:**  
455 O'Connor Drive, Suite 310,  
San Jose, CA 95128

**Gilroy:**  
9360 No Name Uno Road, Suite 210,  
Gilroy, CA 95020

**Patient Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance: \_\_\_\_\_ (Pre-authorization may be required) ID#: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

BCVA: OD: \_\_\_\_\_ OS: \_\_\_\_\_ Refraction: \_\_\_\_\_

Tentative Date of Surgery: \_\_\_\_\_

- High Myope
- Flashes/ Floaters
- Peripheral Retina
- Optic Nerve / COAG
- Pre-Refractive Surgery
- Post-Refractive Surgery
- Other: \_\_\_\_\_

**Instructions for Patients:**

Your doctor will fax us this form. Please keep a copy of the form and bring it with you on the first visit. Call us at 408-294-3534 to schedule your appointment.

On your initial visit, we will likely dilate your eyes to allow for a thorough exam of the retina, as well as imaging. Generally, this appointment requires about an hour to 90 minutes. Please call if you have questions or concerns.

We look forward to seeing you soon!

Sincerely,  
Dr. Narain and Staff

**Notes:**

Date: \_\_\_\_\_

By: \_\_\_\_\_

Ph: \_\_\_\_\_

Fax: \_\_\_\_\_

Referral to Keshav Narain, M.D. | South Bay Retina  
Specialist in Posterior Segment: Retina, Nerve, Uvea

Ph: 408-294-3534 | Fax: 408-294-3214

www.southbayretina.com

**San Jose:**  
455 O'Connor Drive, Suite 310,  
San Jose, CA 95128

**Gilroy:**  
9360 No Name Uno Road, Suite 210,  
Gilroy, CA 95020

**Patient Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance: \_\_\_\_\_ (Pre-authorization may be required) ID#: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

BCVA: OD: \_\_\_\_\_ OS: \_\_\_\_\_ Refraction: \_\_\_\_\_

Tentative Date of Surgery: \_\_\_\_\_

- High Myope
- Flashes/ Floaters
- Peripheral Retina
- Optic Nerve / COAG
- Pre-Refractive Surgery
- Post-Refractive Surgery
- Other: \_\_\_\_\_

**Instructions for Patients:**

Your doctor will fax us this form. Please keep a copy of the form and bring it with you on the first visit. Call us at 408-294-3534 to schedule your appointment.

On your initial visit, we will likely dilate your eyes to allow for a thorough exam of the retina, as well as imaging. Generally, this appointment requires about an hour to 90 minutes. Please call if you have questions or concerns.

We look forward to seeing you soon!

Sincerely,  
Dr. Narain and Staff

**Notes:**

Date: \_\_\_\_\_

By: \_\_\_\_\_

Ph: \_\_\_\_\_

Fax: \_\_\_\_\_